

## Ivybridge Community College Rugby Academy

### Consent Form

Please bring payment and this Consent Form with you on the first day of the Academy.

INFORMATION REQUIRED			
<b>Name of Parent/Carer:</b>			
<b>Email Address:</b>			
<b>Name of Footballer:</b>			
<b>Date of Birth:</b>		<b>Age of Player</b>	
<b>Permission for my child to be photographed and filmed during events and festivals</b>	<b>YES/NO</b> (Please note photographs will be published on the College website, newspapers, articles and display boards)		
<b>Medical Information:</b>			
<b>Emergency Contact Details:</b>	<b>Emergency Contact 1:</b>  <b>Emergency Contact 2:</b>		
<b>Chosen Day to Train:</b>			
<b>Amount Enclosed:</b>			
<b>Signed:</b>			