

Youth Rugby Overseas Tour Consent Form

Player's Full Name

Date of Birth

Parent/Guardian Name

Contact Number

Email Address

Tour Details

Destination

Dates of Tour

Club/Team Name

Medical Information

Any medical conditions/allergies

Any medication to be taken

Doctor's Name and Contact

Emergency Contact Name

Emergency Contact Number

Consent Statements

- ☐ I consent to my child participating in the above overseas rugby tour.
- ☐ I confirm that medical information provided is correct.
- ☐ I give permission for medical treatment to be sought if necessary during the tour.
- ☐ I acknowledge and accept the risks involved in this activity.

Parent/Guardian Signature

Date

