



Players U18 Consent Form

Consent to be submitted at the screening day

Player's Contact & Playing Details			
First Name:	Other Initials:	Last Name:	
Address:		Date of birth:	
Postcode (NI):		Rugby Club: If applicable	
Home Phone:		Playing Position: If any	
Mobile Phone:		Second Playing Position:	
Email:		Years playing experience if any:	

Parent/Guardian Consent (please fill-in appropriate sections)

I _____ (*parent/guardian*) give consent for _____ (*player*) to participate at the U18 School 7's rugby screening day in _____ (insert venue). I understand that all sessions may be recorded in order to assist coaches with their selection process.

Signature:	
Date:	
Relationship to player:	

*Please present this consent form at your screening day to the event co-ordinator.