AHMEDABAD TOUCH RUGBY CLUB

PARENTAL CONSENT FORM

For Participants Under 18 Years of Age

Thank you for registering your child with Ahmedabad Touch Rugby Club (ATRC).
Please complete every section in block capitals and sign the declaration. Return to the coach or email a scan to **hello@jrats.studio.**

1 PLAYER DETAILS

FULL NAME

DATE OF BIRTH

2 PARENT / GUARDIAN DETAILS

FULL NAME

RELATIONSHIP TO PLAYER

CONTACT NUMBER

EMAIL

EMERGENCY CONTACT NAME

EMERGENCY CONTACT NUMBER

3 MEDICAL INFORMATION

List any medical conditions, allergies or medication our coaches should be aware of. Write **"None"** if not applicable.

4 DECLARATION & CONSENT

- ☐ I consent to my child taking part in Ahmedabad Touch Rugby Club training sessions, matches and related activities.
- ☐ I understand touch rugby is a physical sport and accept the normal risks involved. The information above is accurate to the best of my knowledge.
- ☐ In an emergency, I authorise club officials to arrange medical treatment if I cannot be reached.
- ☐ I consent to photographs / video of my child being used in club communications and social media. (Leave unticked to opt out.)

WAIVER OF LIABILITY

I acknowledge that touch rugby and all related activities carry an inherent risk of physical injury. In consideration of my child being permitted to participate, I hereby agree that the **Ahmedabad Touch Rugby Club**, its coaches, officials, volunteers and members shall **not be held liable or responsible for any injury, harm, loss or damage** of any kind sustained by my child before, during or after any training session, match or club activity. I voluntarily accept all such risks on behalf of my child and waive any claim against the club arising from participation.

PARENT / GUARDIAN SIGNATURE

DATE