



# NORTH SHORE RUGBY FOOTBALL CLUB

8 Derby St. Salem, MA. 01970

Email: [nsyouthrugby15@gmail.com](mailto:nsyouthrugby15@gmail.com)

Website: [www.nsyrfc.com](http://www.nsyrfc.com)

## Parent/Guardian Consent Form

Player: \_\_\_\_\_

Team: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

### Consent

I hereby apply/reapply for my son/daughter with my full consent to enroll and participate in the North Shore Youth Rugby/ Salem Parks, Recreation and Community Services Fall Rugby Skills Clinic at Palmer Cove Park, Salem, MA. I recognize that rugby can be a dangerous sport and I accept and appreciate the risks involved and I shall not hold North Shore RFC or the City of Salem responsible for any injury that may occur. A mouth guard is a mandatory accessory.

Should my application be successful I agree that photographs of my child participating in the Rugby Clinic may be posted on the Club social media or used in promotional documentation.

### Behaviour:

I confirm that my son/daughter has agreed to dress and behave in an appropriate manner at all times when attending the Fall Rugby Clinic. They will cooperate fully with the club coaches and obey without question during instruction. They will agree to being punctual and will notify their coach in advance if unavailable to participate.



**Medical Consent:**

In the event of illness or accident that requires emergency hospital treatment, I hereby authorize one of the coaches to sign on my behalf any written consent form which is required by any hospital authorities/doctor, if the delay requiring my signature is considered inadvisable by the doctor or surgeon concerned.

I further confirm that I have provided the team Coaches with details of known allergies or sensitivities (i.e. penicillin/nuts) or any other medical issues of which the club should be aware.

**I have read the terms and rules of my membership of the NSYRFC/ City of Salem Fall Rugby Clinic and understand them and agree to be bound by them.**

**I agree that my son/daughter sign the above and I accept the terms of their membership.**

Signed: \_\_\_\_\_ Parent/Guardian    Dated:    /    / 2017