

# Bonnyrigg Rose Community Sports Club

## Player Registration / Parental Consent



Player Details			
Name		D.O.B	
Address		Town	
Post Code		Tel (Home)	
Email		School	

Emergency Contact Information			
Contact 1 Name		Tel 1	
Tel 2		Tel 3	
Contact 2 Name		Tel 1	
Tel 2		Tel 3	

Medical Information	
Details	

### Parental Consent

By returning this completed form I agree to the child named above taking part in the normal activities of the club/school. I have read the Code of Conduct for both players and parents/guardians and agree to abide by those whilst in the care of the club/school and I understand that any serious or continued breach of these codes may result in my child being expelled from the club/school.

Parent/Guardian Name: \_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Photography

From time to time the club/school may wish to take pictures for promotional use in local, regional or national media to promote the work of the club/school. Any photographs taken will be used solely for promotional purposes. Please sign below to indicate your agreement for pictures to be taken for the above reasons.

Parent/Guardian Name: \_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_