



# KENT HAVOC ROOKIE RUGBY PLAYER INFORMATION SHEET



## PLAYER INFORMATION

**Player Full Name:**

**Date of birth:**  
MM/DD/YY

Guardian full name:

**Guardian number**  
home:  
cell:

Current address:

Guardian email:

Youth sized T-shirt (please circle): XS S M L XL

## MEDICAL INFORMATION

**Current medication or condition coaches should know:**

Allergies	Reaction	Intervention

## EMERGENCY CONTACT

**1<sup>st</sup> contact name:**

Relationship to Child:

**Phone:**  
(     )

**2<sup>nd</sup> contact name:**

Relationship to Child:

**Phone:**  
(     )

## PHOTOGRAPH PERMISSION

In the event that your child's image is taken by Havoc at a Rookie Rugby event, the image may be displayed on the Club website, Facebook page, be seen by other parents (ie/team picture) and used for promotion of the program.

**Yes!** Please feel free to take and distribute the image of my child

**No!** Do not take my child's picture

## OTHER INFORMATION

Other sports or clubs child is or has been a member of:

Current school child attends:

How they got involved in the program

## GUARDIAN SIGNATURE

I guarantee the information above is complete fully and truthfully

Guardian name (printed):

Date:

Guardian name (signature):

Date: