



INDEMNITY FORM (ONE FOR EACH CHILD)

Please complete the following details concerning your child:

	DETAILS
NAME	
FAMILY NAME (IF DIFFERENT)	
DATE OF BIRTH	
ADDRESS	
TEL NO	
SCHOOL	
DOCTORS NAME	
OTHER MEDICAL INFORMATION E.g. Allergies, Asthma etc	

I The parent/guardian of the above child hereby confirm the above details are correct and I hereby indemnify Canterbury Rugby Football Club, its officers and servants from any liability for loss or damage to the child/applicants personal property, accidents or injuries incurred during the course of training, playing Rugby or in association with such activities.

In case of an accident, I authorise an official of the club to give permission on my behalf for the carrying out of any treatment or to the administration of an anaesthetic.

Signed.....

Date.....