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| Trip to: |  | | | | |
| Dates & Times (inc date and time of return) |  | | | | |
|  | **Name:** | **Supervising Adult:** | **Relationship to Child\*:** | **Contact Number:** | **Emergency Contact Number:** |
| Children Attending: |  |  |  |  |  |
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\*If a supervising adult is taking responsibility for a child other than their own or member of their direct family then a Trips permission form should be completed and signed by the legal parent or guardian.

This form should be completed and signed by the parent/guardian of the young person going on the trip. Please complete using capital letters.

**Child/young person’s name**:....................................................................... **Date of birth**:.............................................

**Name of parent/adult responsible during the trip:**………...............................................................................................

**DBS Certificate number (if required):**………………………....................................................................................................

**Relationship to child (if any):**.……………………………………………………………………………………………………………………………………

Contact details during period of the event/trip:

**Address:**.……………………………………………………………………………………………………………………………………………………………………

**Tel no/Mobile no:**……………………………………………………………………………………………………………………….……………..…………….. **Email:**………………………………………………………………………………………………………………………………………………………………………..

Please give details of anyone else who holds parental/legal responsibility for the child who may be available to be contacted in an emergency in the event that you cannot be contacted:

Name: **:**.…………………………………………………………………………………………………………………………………………………………………....

Relationship to child:.………………………….………………………….………………………….………………………….………………………….………

Tel no/Mobile no:.…….……………….……………….……………….……………….……………….……………….……………….……………….……….

Email:…….……………….……………….………………….……………….…………….……………………………………………………………….………….…

**ONLY TO BE COMPLETED BY PARENT/GUARDIAN IF NOT ATTENDING TOUR WITH THEIR CHILD:**

I hereby give consent to ......................................................... acting ‘in loco parentis’ on my behalf for the child named above on [date}...........................................................

and authorise them specifically to be able to consent to any emergency medical treatment that may be necessary.

I can confirm my child/ward has the following known medical conditions:

........................................................................................................................

I can confirm my child/ward is taking the following medicines:

.........................................................................................................................

**TO BE COMPLETED BY ALL PARENTS/GUARDIANS:**

I acknowledge that I or the nominated person stated above is responsible for the supervision of my child/ward for the duration of the tour and during all activities. I acknowledge that it is not the responsibility of Harrogate RUFC or any of it’s representatives (including but not limited to Coaches and Team Managers) to monitor or supervise the behavior of my child/ward when not taking part in organized Rugby based activities.

Signed by parent/guardian:.............................................................................................................................................

Print name:................................................................................ Date:…………….............................................................