

**Rosslyn Park Elite Rugby Camp October 2017**  
**Monday 23<sup>rd</sup> October – Friday 27<sup>th</sup> October 2017**

**Childs Full Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Age** \_\_\_\_\_

**Dates Attending**  
(Please Circle as appropriate for season 2016/2017)

23 Oct	24 Oct	25 Oct	26 Oct
U12/U13/U14 U15/U16	U12U13/U14 U15/U16	U12/U13/U14 U15/U16	U12/U13/U14 U15/U16
£45 per day	£45 per day	£45 per day	£45 per day

**All 5 Days  
=£200**

**Name of School** \_\_\_\_\_

**Medical Information** \_\_\_\_\_

**Medication** \_\_\_\_\_  
(Please speak to a member of staff if your child requires any medication during the course times)

**Contact Information**

**Name of Parent/Guardian** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mobile Tel No** \_\_\_\_\_

**Emergency Tel No** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Current 1<sup>st</sup> Team / A Squad**

\_\_\_\_\_

\_\_\_\_\_

**Permission**

I give permission for my son/daughter to take part if the RPFC rugby days and in the event of illness or accident needing emergency treatment I authorise the First Aider on duty or the administrator to agree to any treatment where a Doctor considers that the delay required to obtain your permission for treatment will be detrimental to the child.

**Parent/Guardian**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Please return this form to the address below:

**Rosslyn Park Elite Rugby Camp,  
Priory Lane,  
Upper Richmond Road,  
Roehampton,  
London,  
SW15 5JH**

Alternatively please email to:

[dom.shabbo@rosslynpark.co.uk](mailto:dom.shabbo@rosslynpark.co.uk)

Please find Payment Methods below:

**Cheques to be made payable to: Rosslyn Park FC.**

**Please return this form plus payment to the same address as above**

**Payment by BACS available – HSBC Wimbledon; Sort Code 40-07-30;  
Account number 91616242; Rosslyn Park F C Business Current  
Account**

**Please ensure your Full name is referenced on the payment**