

Rosslyn Park Elite Rugby Camp October 2018
Monday 22nd – Friday 26th October 2018

Childs Full Name _____

Date of Birth _____

Age _____

Dates Attending <small>(Please Circle as appropriate for season 2018/2019)</small>	20 August	21 August	22 August	23 August	All 5 Days =£200
	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	

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 1st 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 _____

**Rosslyn Park FC Elite Rugby Camp October 2018
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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

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