

TRYTIME RUGBY CAMP

TRYTIME Contact: Mike Cross (p) 0416 142 451 (e) m.cross@trytimerugby.com

Camp Dates & Venue:	
Club Name:	
Child's Name & Age:	
Years playing rugby:	
Address:	
Parent/Guardian's Name:	
Contact Number & Email Address:	
How did you hear about Trytime Camps?	
Emergency Contact & Phone Number:	
Details of any allergies/disabilities:	

Waiver

Consent: I agree to my child's attendance and participation in the TRYTIME Fitness Clinics (the "Program") operated by TRYTIME Rugby Recruitment (the "Organiser").

Risk warning, acknowledgment of risk and limitation of liability: I acknowledge that there is an inherent risk of personal injury in physical activities that may be undertaken as part of the Program and that my child undertakes these activities at their own risk. I agree, to the extent permitted by law, that the Organiser does not accept liability in respect of personal injury or death to my child resulting from recreational services provided by the Organiser.

Medical treatment: In an emergency, if it is not reasonably practicable to obtain my authority in the circumstances, I authorise the Organiser or its staff to arrange for my child to receive such medical or surgical treatment as may be deemed necessary in the circumstances.

Allergies and existing medical conditions: My child does not suffer from any allergies and is not allergic to any medication other than those specifically identified above. I am not aware of any existing disability, medical illness or condition which my child has which would make him/her unable to participate in the Program.

Publicity Statement

Photographs and video footage may be taken of the activities involved with the TRYTIME Fitness Clinics. TRYTIME Rugby Recruitment reserves the right to use these photographs and video footage for publications and promotion of TRYTIME Fitness Clinics.

I have read the above and consent to my child's participation on this basis.

Signed Parent/Guardian:	
Print Name:	
Date:	