



**U14 Cornwall**  
**Developing Player Programme (DPP)**



Dear Player & Parent/Guardian,

I am pleased to enclose the application form for the U14 (Year 9 September 2018) Cornwall Rugby Developing Players Programme (DPP). This is open to players of all abilities and it is for any players who wish to improve their core skills and game understanding in fun and challenging coaching sessions.

Players enrol onto the programme by completing and returning the enclosed application & medical consent forms, along with the £40 fee and return it to myself at the address in the footer below (all who register will be accepted). Cheques/PO are made payable to CRFU (Cornwall RFU).

Players can choose to attend one of our four Regional Satellite Centres to receive their coaching for the entire season. These are based at Penwith College (Penzance), Newquay Tretherras School (Newquay), Penryn College (Penryn) and Callywith College (Bodmin). All the centres will follow an identical development programme, so select the centre that is geographically most suitable for you.

The dates of the sessions are enclosed overleaf and within the 2018-19 handbook.

**Please return the application and medical consent forms back to myself at the address in the footer below ASAP.**

Our communication is via email so please ensure your email address is legible and clear. We also have a Facebook Page 'Cornwall Rugby Developing Players Programme' where we post updates, so please 'like' the page for future info.

In the meantime if you have any questions please feel free to contact me on [richsiveter@hotmail.com](mailto:richsiveter@hotmail.com) or to proceed please complete the enclosed application and medical consent forms. Please keep the date's sheet as your record of when activity is being delivered and only return the application and medical consent forms to me.

Many Thanks,

Rich Siveter  
Cornwall DPP Manager



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## U14 Dates (Year 9 in September 2018):

### Stakeholders Evening

Open to all Players, Parents, Guardians, Coaches, Teachers or any person who wants to find out more about the programme.

Monday 10<sup>th</sup> September 6pm to 7pm in Mylor Lecture Theatre, Truro College, Truro

### September Festival (Open to all players)

Monday 24<sup>th</sup> September 6pm to 9pm at Callywith College, Bodmin

### (Open to all players)

**Satellite Sessions @ your selected venue  
6pm to 7pm**

01/10/18 (session 1)

08/10/18 (session 2)

15/10/18 (session 3)

**October Half Term (Festival Mon 22<sup>nd</sup> Oct AM for selected players only @ Callywith)**

05/11/18 (session 4)

19/11/18 (session 5)

03/12/18 (session 6)

17/12/18 (session 7)

### January Festival (Open to all players)

Wednesday 9<sup>th</sup> January 6pm to 9pm at Callywith College, Bodmin

### (Open to all players)

**Satellite Sessions @ your selected venue  
6pm to 7pm**

14/01/19 (session 8)

28/01/19 (session 9)

11/02/19 (session 10)

**February Half Term (Festival Mon 18<sup>th</sup> Feb AM for selected players only @ Exeter)**

04/03/19 (session 11)

18/03/19 (session 12)

01/04/19 (session 13)

Central sessions for selected players will be run at Truro College  
(dates and times are TBC)



RICH SIVETER  
PENWITH COLLEGE  
PORTHURNO BUILDING  
ST. CLARE STREET  
PENZANCE, TR18 2SA

E-mail: [richsiveter@hotmail.com](mailto:richsiveter@hotmail.com)  
Tel: 07540 369300



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# APPLICATION FORM

## PLAYER DETAILS

<b>SURNAME:</b>		<b>FORENAME:</b>	
<b>DATE OF BIRTH:</b>	<b>CLUB:</b>	<b>POSITION 1:</b>	<b>POSITION 2:</b>
<b>SCHOOL:</b>			

## PLEASE CIRCLE YOUR SELECTED CENTRE TO TRAIN AT

<b>NEWQUAY</b>	<b>PENRYN</b>	<b>CALLYWITH</b>	<b>PENWITH</b>
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## CONTACT DETAILS

<b>HOME ADDRESS:</b>
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<b>Parent/Guardian NAME:</b>	
<b>Parent/Guardian TEL:</b>	
<b>Parent/Guardian EMAIL:</b>	

## EMERGENCY CONTACT (NOT LISTED ABOVE)

<b>NAME:</b>	
<b>Emergency Contact TEL:</b>	



RICH SIVETER  
PENWITH COLLEGE  
PORTHURNO BUILDING  
ST. CLARE STREET  
PENZANCE, TR18 2SA

**E-mail: richsiveter@hotmail.com  
Tel: 07540 369300**



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## PARENTAL / GUARDIAN CONSENT

I consent to my son participating in rugby coaching, playing and development activities as part of the Developing Players Programme by RFU qualified coaches.

Strength and conditioning sessions may also take place where testing and development will play a regular part of the Developing Players Programme and I consent to my son's results being used for research purposes.

I consent to the use of photography and video footage to be taken of my son during the Developing Players Programme for the use of analysis and player development.

I authorise the staff of the Developing Players Programme to obtain emergency medical treatment (including anaesthetics) should it become necessary for my son.

I understand the extent and limitations of the RFU's Public liability insurance cover provided. Details can be found via the RFU website under Public Liability cover or upon request.

**Signed:**

**Date:**



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**MEDICAL INFORMATION**

**Player's Personal Details**

**Name:**

**Player's Doctor**

**Doctors Name:**

**Doctors Address:**

**Doctors Telephone:**

**Medical History**

<b>Medical conditions e.g. asthma, diabetes, viral illness, heart condition, recent surgery</b>	<b>Medication required?</b>

<b>Allergies e.g. shellfish, bee stings</b>	<b>Medication required?</b>

<b>Serious Injuries e.g. fractures, dislocations</b>	<b>Treatment?</b>

**Concussion History**

**Please list dates of all concussions in the last two seasons**

<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>

**(If more than 4, then medical consultation must occur before attending DPP sessions)**



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<b>Supplements</b>					
Please list any supplements taken					
Make and type e.g. MaxiNutrition Promax			Amount and frequency taken		
<b>Vaccinations</b>					
Type	Yes / No	Date of last vaccination	Type	Yes / No	Date of last vaccination
Tetanus			Hepatitis A		
Diphtheria			Hepatitis B		
MMR			Meningitis (A+C)		
Polio			Yellow Fever		
BCG (TB)			Other		
<b>Previous Screening Tests</b>					
Test	Date of test		Result if known		
Cardiac					
Concussion					
Other					
<b>Cardiac History – if no previous cardiac screening done</b>					<b>Yes / No</b>
Is there any history in your family of one or more relatives with a disability or sudden/unexpected death from heart disease before the age of 50?					
Is there a family history of cardiomyopathy, coronary heart disease, Marfan syndrome, long QT syndrome, severe arrhythmias, or other disabling heart disease?					
Do you have a past history or currently suffer from any of the following symptoms: 1. Fainting or near fainting 2. Chest pain or chest discomfort on exertion 3. Shortness of breath or fatigue out of proportion to the degree of physical effort 4. Palpitations or irregular heart beat					1
					2
					3
					4
If the answer is yes to any of the above cardiac questions you must obtain clearance from your NHS GP to confirm that you are fit to undertake physical activity. These questions are used as a simple screen and do not necessarily mean that there is a problem, but do give an indication that requires possible follow up by a doctor.					
I hereby declare that the information given within this application form is true and correct. I will undertake to inform the DPP Manager Richard Siveter of any changes to my son's medical details from the signed date below and the close of the programme as of 1st May 2019.					
<b>Signed:</b>					
<b>Date:</b>					



RICH SIVETER  
PENWITH COLLEGE  
PORTHURNO BUILDING  
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