



Dear Player & Parent/Guardian,

I am pleased to enclose the application form for the U15 (Year 10 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 <a href="richsiveter@hotmail.com">richsiveter@hotmail.com</a> 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



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





### U15 Dates (Year 10 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 10th September 6pm to 7pm in Mylor Lecture Theatre, Truro College, Truro

#### September Festival (Open to all players)

Monday 17<sup>th</sup> September 6pm to 9pm at Callywith College, Bodmin

#### (Open to all players)

Satellite Sessions @ your selected venue

7pm to 8pm

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 PM 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)

#### December Festival (Open to all players)

Wednesday 12th December 6pm to 9pm at Callywith College, Bodmin

#### **DPP Match V Devon (Selected players only)**

TBC Friday 21st December 6pm to 9pm at Callywith College, Bodmin

#### (Open to all players)

Satellite Sessions @ your selected venue

7pm to 8pm

14/01/19 (session 8)

28/01/19 (session 9)

11/02/19 (session 10)

February Half Term (Festival Mon 18th Feb PM 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)



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APPLICATION FORM							
	PLAYER	R DETAILS					
SURNAME:		FORENAME:					
DATE OF BIRTH:	CLUB:	POSITION 1:	POSITION 2:				
SCHOOL:	I .						
PLEASE	CIRCLE YOUR SEL	ECTED CENTRE TO	TRAIN AT				
NEWQUAY	PENRYN	CALLYWITH	PENWITH				
	CONTAC	T DETAILS					
Parent/Guardian NAME:							
Parent/Guardian TEL:							
Parent/Guardian EMAIL:							
EMERGENCY CONTACT (NOT LISTED ABOVE)							
NAME:							
Emergency Contact TEL:							







### 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:			







MEDICAL INFORMATION					
Player's Personal D	Details				
Name:					
Player's Docto	or				
Doctors Name:					
Doctors Address:					
Doctors Telephone:					
Medical Histor Medical conditions e.g. asthma, diabetes, viral illness,	Medication required?				
heart condition, recent surgery	Medication required:				
Allergies e.g. shellfish, bee stings	Medication required?				
Serious Injuries e.g. fractures, dislocations	Treatment?				
Canaussian Hist					
Concussion Hist  Please list dates of all concussions in					
1. 2. 3.	4.				
(If more than 4, then medical consultation must occ	cur before attending DPP sessions)				



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Supplements								
Please list any supplements taken								
Make and type e.g. MaxiNutrition Promax				Amount and frequency taken				
, i								
_	V	7.51		nations			Data	
Туре	Yes	/ No	/ No Date of last Typ				Date of last vaccination	
Tetanus				Hepatitis				
Diphtheria				Hepatitis				
MMR				Meningit (A+C)	IS			
Polio				Yellow F	ever			
BCG (TB)				Other				
			Previous Sc	reening	Tests			
	Test Date of test			Result if known				
Cardiac								
Concussion Other								
	c Hist	ory – if	no previous c	ardiac s	creen	ing done	Yes / No	
							103/110	
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			
1. Fainting or near fainting					2			
Chest pain or chest discomfort on exertion								
		_	out of proportion t	o the degr	ree of p	hysical effort	3	
4. Palpitations or irregular heart beat					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.								
Signed: Date:								

