

1 – DATASHEET

CHILD

NAME : FIRST NAME :

Date of birth : Place of birth :

Club : Cut : Weight :

RELATIVES

Name of the relatives (or of the legal guardian) :

E-Mail Adresse :

Usual address :

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Adresse during the training course :

.....

Téléphones : places o résidence: MobileOffice

WEEK CHOSEN (MARK YOUR CHOICE)

1. From Sunday, July 5 rd till Saturday, July 11 th

2. From Sunday 12 th till Saturday, July 18 th

TO COMPLETE BY THE DOCTOR

GROUPE IMPULSIVE PERSON			Date	Reminder
Diphtería	Yes <input type="radio"/>	No <input type="radio"/>	Vaccine Diphtería / Tétanus	
Rougeole	Yes <input type="radio"/>	No <input type="radio"/>	Vaccine Diphtería/Tétanus/Typhoid	
Otitis	Yes <input type="radio"/>	No <input type="radio"/>	Vaccine B.C.G.	
Scarlet fever	Yes <input type="radio"/>	No <input type="radio"/>	Vaccine anti-Polio	
Asthmas	Yes <input type="radio"/>	No <input type="radio"/>		

Undergone surgical operations and date _____

Remarks of particular recommendations :

Authorization of Bathing (compulsory 20 meter patent)

YES NO

Stamp of the doctor

I authorize my children to participate in the training course of Rugby and allows any medical radiological intervention which he could need during the stay.

SIGNATURE of the RELATIVES :