

# 1 – DATASHEET 2022

**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 : .....  
.....

Adresse during the training course :  
.....

Téléphones : places o résidence: ..... Mobile .....Office .....

**WEEK CHOSEN (MARK YOUR CHOICE)**

1. From Sunday, July 10<sup>th</sup> till Saturday July 16<sup>th</sup>

2. From Sunday, 17<sup>th</sup> till Saturday, July 23<sup>rd</sup>

**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 :*