

TWYFORD SPARTANS YOUTH FOOTBALL CLUB



MEMBERSHIP REGISTRATION, MEDICAL AND GENERAL INFORMATION FORM

Player's Full Name

Address.....

..... Post Code

Home Telephone Number Date of Birth

Email address

Name of SchoolSchool Tel Number

It is important for us to contact you if necessary, so please give details of contact numbers:

Emergency Parent / Carer Details

First Name Surname

Phone Number Mobile Number

Email address

In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers:

Name Emergency Contact No.

Name Emergency Contact No.

Doctor's Name Address

..... Telephone No.

When did your child last have a tetanus injection?

Does your child suffer from allergies? YES / NO If YES please give details

Does your child have any health problem which require medication? YES / NO

If YES please give details below:

Name of Medication Why it is taken

.....

.....

Has your child ever suffered a serious injury which needs to be brought to the Club's attention eg broken arm or leg? YES / NO

If YES please give details

PARENTAL CONSENT

In the event that my child is injured whilst playing football or travelling to and from football events and I cannot be contacted on the above number, I hereby give my consent for my child to receive medical attention.

SignedDate.....

Print Name

Please rest assured that all information disclosed will be treated with the utmost confidence