

PLAYER DATA CAPTURE FORM

PLAYER INFORMATION:

| | |
|---------------------------------|--|
| Name: | |
| Date of Birth: | |
| Home Telephone No: | |
| Gender: | |
| School: | |
| School Year: | |
| Permanent Address: | |
| Email Address: | |
| Alternate Email Address: | |

MEDICAL INFORMATION:

| | |
|--|--|
| Doctor's Name: | |
| Telephone Number: | |
| Surgery Address: | |
| If the player has any medical condition or take medications which coaches should be aware of, please provide details: | |

EMERGENCY CONTACT INFORMATION: (Please provide at least two contacts who can be contacted in the event of an emergency).

| | | | |
|--------------------------|--|-------------------------------|--|
| Contact 1: Name: | | Relationship to child: | |
| Telephone Number: | | Mobile Phone Number: | |
| Contact 2: Name: | | Relationship to child: | |
| Telephone Number: | | Mobile Phone Number: | |

PHOTOGRAPHY

The club occasionally takes photographs of players during matches and training sessions and use these photos to promote the club either on our website or in print. If you do not agree to this, please tick here:

RESPONSIBILITY CLAUSE

The Club/Section or any of its designated officials shall accept no responsibility whatsoever for any child, should any parent/guardian fail to comply with or adhere to the rules and guidelines referred to.

TRAINING AND MATCH TIMES

The Head Coach of each team will indicate individual team training and match times and these should be adhered to in the manner indicated in the above clause.

Signed.....**Date**.....

(Parent/Guardian)

Name Printed.....