



Registration Form

Please fill in all required fields. Fields marked with * are mandatory.

Player Information

First Name * :	Last Name * :
Date of Birth * :	School Year * :
Name of School * :	

Parent/Guardian Information

First Name * :	Last Name * :
Email Address * :	Phone Number * :
Street Address * :	

Information about any impairment

Please provide information about any impairment your child may have so that we can determine what reasonable adjustments may be required to support your child's full participation in club activities.

Do you consider the child to have an impairment? Yes No

If yes, what is the nature of the impairment?

Visual impairment	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>
Physical impairment	<input type="checkbox"/>	Learning difficulty	<input type="checkbox"/>
Multiple impairments	<input type="checkbox"/>		
Other (please specify)	<input type="checkbox"/>	_____	

If you selected any of the options above, please provide additional details to help us support your child effectively during club activities.

Medical & Emergency Information

Name of Doctor * :	Surgery Telephone * :
Surgery Street Address * :	
Surgery City :	Surgery Postal / Zip Code :

Medical Consent

(Please indicate with a tick if you agree with each statement)

Consent Statements

- I give my consent that in an emergency situation, the club may act in my place, in loco parentis, if the need arises for administration of emergency first aid and / or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such an occurrence all reasonable steps will be taken to contact me as the relevant parent / carer / guardian, or the alternative adult I have named in section 5 of this form.
- I confirm that to the best of my knowledge, my child / the child in my care named on this form does not suffer from any medical conditions (other than those detailed on this form).

Emergency Contact Details (Alternative contact)

In the event of an incident or emergency situation, where a parent/carer/legal guardian named above cannot be contacted, please provide details of an alternative adult who can be contacted by the club. Please make this person aware that his/her details have been provided as a contact for the club.

Name :	Phone Number * :
Relationship to Child (e.g. Aunt, grandparent, neighbour etc):	
Address :	

Consent & Permissions

- I consent to my child being photographed/filmed for club promotional purpose
- I consent to being contacted about club events and updates
- I agree to the club's terms and conditions, code of conduct, and safeguarding policy *