



### PLAYER INFORMATION FORM

<b>PLAYER NAME:</b>	<b>DOB:</b>
<b>ADDRESS</b>	
<b>PARENTS NAME:</b>	
<b>TEL/MOB:</b>	
<b>EMAIL ADDRESS:</b>	
<b>EMERGENCY CONTACT (Name/Number)</b>	
<b>PREFERRED METHOD OF CONTACT:</b>	

#### Consent:

**Please circle as appropriate**

Your child can be given emergency aid by a qualified volunteer – **YES / NO**

Your child can be given drinks/snacks by club volunteers - **YES / NO**

Your child can have his/her photo taken and used in Flintshire Falcons publicity - **YES / NO**  
**Publicity can include filming, social media posts, advertising, website or local press**

#### Medical / Allergy information:

**Please provide any information regarding your child's health, in relation to medical or allergy information, that the club and its' volunteers should be aware of.**

Parent /Guardian signature \_\_\_\_\_

Club Official signature \_\_\_\_\_

Dated \_\_\_\_\_