



**BARTESTREE
FOOTBALL CLUB**

FOUNDED 1992

Player's Contact/Personal Details

Players Name:

Date of Birth:

School:

Parent/Guardian Name:

Address:

.....

Telephone Number:

Mobile:

Email Address:

Doctors Name, Surgery Details & Tel No:

.....

Medical Ailments/Allergies:

Any Medication Player Is Taking:

Is it necessary for them to bring it to training and matches and are they able to
administer it themselves?

.....

I give my consent that the above named player can attend training sessions and play in both home and away matches, receive first aid or be transported to hospital in the event of an emergency and be photographed for any club publicity or promotion (Delete if not in favour)
I agree to inform team manager if any of the above changes

Signature: Date: