

PLAYER INFORMATION



MEDICAL DETAILS

Name of Player:	:Date of Birth:		
Name of Parent / Guardian:			
Address:			
Telephone Number:		Mobile:	
E-Mail Address:			
2 nd Emergency Contact Name:		Number:	
School that player attends:			
	following, please let your Team Management of any medical condition apart from those st		nt they can take appropriate
Asthma: YES / NO Epilepsy: Y	YES / NO Diabetes: YES / NO Other:_		
	through a match my child is taken ill and need and authorise administration of anaesthetic.	ds urgent medical attention, I hereby give	permission for a responsible
medication, in the event that the patraining / matches or other organise	medical condition, the team manager and /or rent / carer is not available to do so, howeve ed events. If the child is of an age that they ca ers. All medication must be readily available it	r until any training and consent is given tharry their own medication, this must be cl	he parent / carer must attend
= :	r expired, the team manager reserves the r	-	he child) from taking part in
Name of Child:	Name of	f Parent / Guardian:	
	Date:		
	THAMESVIEW PHOTOGRA		
 photographs, video or other TFC will follow the guidance (the FA), a copy of which is a TFC will take all reasonable s Accordingly, TFC will as far as Photographs may be displayed 	ensure the welfare and safety of all young peo- images of young people to be taken or used of for the use of images of children and young po- vailable on request from your Team Manager teps to ensure such images are used solely for so is possible not allow images to be taken by peed on the Club's website (

All information provided by yourselves will only be collated and kept on file for the season your son/daughter plays for Thamesview after which it will be destroyed This information will only be held by the club secretary/treasurer and team manager / representative