



Emergency Contact Form

Players Details:

First Name:

Surname:

D/O/B:

Age:

Medical History: YES/NO

Allergies to medication: YES/NO

Brief Description:

Brief Description:

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Parent/Guardian details:

First Name:

Surname:

Home Number:

Mobile Number:

Address:

.....

..... Postcode:

I, Parent or guardian of the above named player, hereby give consent to carry out any immediate care or treatment due to injury as seen fit at time of incident.

Photographs may be taken of the team or as individuals, please indicate below if you are happy for us to do so.

YES/NO

Signed:

Print:

Date: