MEDICAL AND CONSENT DETAILS FOR SEASON 2025/2026

PLAYER DETAILS:

Player Name: _____

Full Address: _____

_____

Post Code: _____

Date of Birth: _____

Team registered to for 2025/26:_____

Team Manager: _____

MEDICAL CONDITIONS:

State any conditions that you may have suffered, or is suffering from that we should know about:

_____

_____

Are you allergic to plasters: YES / NO

Do you take any medication on a daily basis: YES / NO

If “YES”, please give details: _____

EMERGENCY CONTACT DETAILS:

Name(s): _____

Emergency Telephone Number: _____

Mobile: _____

Email Address: _____

Relationship to player: _____

In the event that the above named person cannot be reached, could you please supply two extra emergency names and numbers:

Name: _____ Contact No: _____

Name: _____ Contact No: _____