



FENIT SAMPHIRES FOOTBALL CLUB

Club Registration Form – Season 2018/2019

Name:

Address:

Date of Birth:.....

Home Phone:

Parent/Guardian Mobile.....

Email:.....

Medical Information (details of allergies, conditions, medications):

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Any other special needs that would be helpful for managers/coaches to know:

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I the parent/guardian of the above named player, in the event of illness/injury, give permission for medical treatment to be administered where considered necessary by a nominated first aider or suitable qualified medical practitioner. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I understand that photographs will be taken at or during sport related events and may be used in the promotion of sport and/or displayed on the club website.

Signed Parent/Guardian Date:.....

I agree to abide by the code of conduct of Fenit Samphires Football Club

Signed by player:..... Date:.....