

# Gonerby Youth Football Club

## Season 2006/2007 - Player Details/Parental Consent and Club Registration Form

### A. Team Details

Player's League Registration Number: \_\_\_\_\_

Team Name: \_U\_\_\_\_\_ Managers Name/s: \_\_\_\_\_

B. Player Details - First Name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School/College: \_\_\_\_\_

Post Code: \_\_\_\_\_ Tel No: \_\_\_\_\_ Class Year: \_\_\_\_\_

### C. Medical Information about your Child -

a) Any conditions requiring medical treatment, including medication? YES/NO

If YES, please give brief details - \_\_\_\_\_

b) Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary - \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Tel No: \_\_\_\_\_

Doctor's Address \_\_\_\_\_

D. Parent/Guardian: Name: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_

Address: \_\_\_\_\_ Tel No: Home \_\_\_\_\_

Tel No: Work \_\_\_\_\_

Tel No: Mobile \_\_\_\_\_

E-mail address: \_\_\_\_\_

E. Alternative Emergency Contact Name: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_

Address: \_\_\_\_\_ Tel No: Home \_\_\_\_\_

\_\_\_\_\_ Tel No: Mobile \_\_\_\_\_ Tel No: Work \_\_\_\_\_

#### Declaration - Player

I agree to abide by the club constitution and the club rules and will make myself available to play in the Lincolnshire County Cup Competition.

Player Signature:

\_\_\_\_\_

#### Declarations - Parent or Guardian

I agree to my son/daughter participating in football activities including training and playing in matches if required to do so. I also acknowledge the need for my son/daughter to behave responsibly.

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Parent (Full name in capitals): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_