

PERSONAL AND CONTACT DETAILS

MEMBER SURNAME	
MEMBER FORENAME	
ADDRESS	
POST CODE	DATE OF BIRTH D D M M Y Y Y Y

Sex: Male / Female (please circle)

CONTACT HOME NUMBER	
MOBILE NUMBER	
EMAIL ADDRESS	
EMERGENCY CONTACT NAME	
EMERGENCY TELEPHONE	
RELATIONSHIP TO MEMBER	

School / College Attended:.....

MEDICAL HEALTH INFORMATION

Has the member ever had or currently has any of the following:- (Please tick box if yes)

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Anaemia | <input type="checkbox"/> Excessive Bleeding | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Stoke |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Fainting | <input type="checkbox"/> Mental Disorders | <input type="checkbox"/> Tumours |
| <input type="checkbox"/> Artificial joints | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Nervous Disorder | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Asperger syndrome | <input type="checkbox"/> Growths | <input type="checkbox"/> Pace Maker | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Radiation treatment | |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Head Injuries | <input type="checkbox"/> Respiratory Problems | |
| <input type="checkbox"/> Blood Disease | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Rheumatic Fever | |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Rheumatism | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Sinus Problems | |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Stomach Problems | |

OTHER:

Please give details of any medical condition or health needs that the club should be aware of that has not been noted overleaf:

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Any allergies (please specify)

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GP Name:..... GP Tel:.....

PARENTAL / GUARDIAN CONSENT

I have completed the section on medical details and give consent that in the event of any illness/ accidents the necessary first aid treatment can be administered. In signing this agreement I declare that I am aware of the element of risk involved and while I accept that the coaches and event personnel will take precautions to prevent accidents

I am aware that photographs and video footage may be taken during the event for coaching and promotional purposes.

I DO / DO NOT consent for my child to appear in photographs

(please delete as appropriate)

Parent/ Guardian Name:.....

Parent / Guardian Signature:..... Date:.....