



CHADDERTON PARK F.C.



Player Registration Form Season 2011 / 2012

Players Name :

Address

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Post Code **Date of Birth :**

Parents

Home Tel No :

Mobile No's :

Email address's

School

DOES YOUR SON / DAUGHTER HAVE ANY MEDICAL CONDITION OR TAKE ANY MEDICATION THAT THE CLUB SHOULD BE AWARE OF ? Yes / No

If YES, Please give brief details

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EMERGENCY CONTACT NUMBERS / NAMES

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DECLARATION : * Delete where applicable

I * **give consent / do not give consent** for my son / daughter to receive any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

In accordance with the Club's Child Protection Policy I * **give consent / do not give consent** to my son's / daughter's photograph to be included in the team photograph which may be also be used in the Clubs newsletters, website, press reports and other promotional events.

I have read the Respect Codes & Codes of Conduct that are available on the Club's website & I agree to abide by them.

Signed Player **Date**

Signed Parent / Guardian **Date**

Print Name **Relationship to Child**