

PLAYER REGISTRATION FORM

PLAYER DETAILS

Forename..... Surname.....
Club / School

Age..... Date of Birth.....
Address

.....Post Code

Telephone No(s).....Email.....
Person to contact in emergency.....

Relationship..... Phone No(s).....

MEDICAL INFORMATION

Is your child allergic to any drugs? If so which ones?

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Does your child suffer from any of the following? (*please tick*) Asthma.....Diabetes..... Epilepsy.....

Other (please specify).....

Does he/she have any allergies?

Is your child on regular medication? If so what?

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Does he/she wear contact lenses? YES NO

Any other relevant information

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I am the parent of the above mentioned child and give my consent for them to attend and take part in the Korfball activities organised by(Insert name of organisation). I am aware that Korfball involves physical sporting activity and confirm that there are no medical, or other reasons, why they should not take part in such activity.

I give permission for my child's name and photos to be used in promotional Korfball publications. YES / NO

Parent / Guardian Full Name.....

Signature.....Date.....

