

Crewe & Nantwich Korfball Club

PLAYER REGISTRATION FORM (ADULT)

PLAYER DETAILS

Forename.....
Surname.....
Date of Birth.....
Address Post Code
Telephone No(s).....
Email.....

Person to contact in emergency.....

Relationship..... Telephone No(s).....

REGISTRATION & PUBLICITY CONSENT

I give my permission for my details to be registered with the club's national governing body, the English Korfball Association. YES / NO
(If YES, please state your place of birth (town and/or county) here:-.....)

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

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

MEDICAL INFORMATION (optional)

Are you allergic to any drugs? If so which ones?
.....
Do you suffer from any of the following? (*please tick*) Asthma.....Diabetes..... Epilepsy.....
Other (please specify).....
Do you have any allergies?
Are you on regular medication? If so what?
.....
Do you wear contact lenses? YES / NO
Any other relevant information
.....
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