

Crewe & Nantwich Korfball Club

PLAYER REGISTRATION FORM (JUNIOR)

PLAYER DETAILS

Forename..... Surname.....

Club / School.....

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

Address

Post Code

Telephone No(s).....

Email.....

Person to contact in emergency.....

Relationship..... Telephone 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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PARENTAL CONSENT

I am the parent/guardian of the above mentioned child and I give my consent for them to attend and take part in the Korfball activities organised by Crewe and Nantwich Korfball Club. 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 my permission for my child's details to be registered with the club's national governing body, the English Korfball Association. YES / NO

(If YES, please state your child's place of birth (town and/or county) here:-.....)

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

I give permission for my child to make their own way home after training. YES / NO

(Please discuss alternative arrangements with the coach, and record them below, if you are not happy for your child to make their own way home)

In the event of an emergency I agree to my child receiving an anaesthetic or any other emergency treatment in my absence. YES / NO

(The parent or guardian will be contacted immediately in the case of any such emergency)

Parent / Guardian Full Name.....

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