



PLAYER MEDICAL INFORMATION & CONSENT TO PLAY

Name: _____ D.O.B: _____

Age _____

Home Address: _____

Post Code: _____

Home Tel No: _____

Emergency Contact

1st Contact

Name: _____

Relationship: _____

Contact No: _____

Email _____

2nd Contact

Name: _____

Relationship: _____

Contact No: _____

Email _____

Medical Information

General Practitioners Name _____

GP Surgery Telephone No _____

HAS YOUR CHILD EVER HAD ANY OF THE FOLLOWING (IF YES PLEASE SPECIFY)?

Allergies: **Yes/No** Details _____

(including medications, foods, plasters, tapes, lotions, creams, pollen)

Dietary Requirements: **Yes/No** Details _____

Medication? **Yes/No** Details _____

(including inhalers)

Parental Consent

I / We (full name/s) _____

of (address) _____

The parents of (*player's full name*) _____

hereby consent to him participating in all football related activities and authorise Emsworth Town Football Club to provide emergency treatment to any injury or illness that my child may experience.

My child and I are also aware that participating in football and associated training is a potentially hazardous activity. I / we assume all risks associated with participation in this sport/activity including but not limited to falls, contact with other participants or equipment, the effects of the weather, and other reasonable risk conditions associated with this sport/activity.

I / we accept full and complete responsibility of such risks and acknowledge there is no liability or responsibility by Emsworth Town FC should my child suffer any injury or illness

Signed _____

Date _____

Players signature _____