



HOLYWELL VILLAGE FIRST SCHOOL
7 A-SIDE FOOTBALL TEAM
2017 SEASON



Player's personal details and medical history and membership form.

Player's forename (s) _____ Surname _____

D.O.B _____

Address _____

Post code _____

Email _____

Father's Name _____ Mother's name _____

Tel: home _____

Tel: home _____

Tel: work _____

Tel: work _____

Mobile _____

Mobile _____

Alternative contact (please state relationship) _____

Forename _____ Surname _____

Tel: no _____

Please give details of any relevant medical conditions and medication taken (e.g. Asthma, allergic reactions etc)

Please give details of previous injuries requiring Doctor of hospital treatment/attention.

If there is anything else you feel it would be helpful for the team Manager to know about your Son/Daughter, please speak to us in confidence at any time.

As part of the Child Protection Policy, we require permission from Parents/Carers to treat their child in the event of an accident sustained during the course of a game or in training. Your signature below will be taken as permission.

We hereby confirm the details on this form are correct and that we wish to apply for membership of Holywell Village First School Football team. We have read and agree to abide by the league rules at all times.

Signed _____

Parent/Carer

Signed _____

Team Manager