

SEASON 2004/ 2005

Age Group – Under

## **PLAYERS DETAILS.**

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

SCHOOL ATTENDED: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

***Please ensure that Broadstreet are informed of any changes.***

DOCTORS NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

***Medical history. Please state anything regarding health that you think we should be aware of, e.g. asthma, poor eyesight, allergic reactions, etc.***

\_\_\_\_\_  
\_\_\_\_\_

### **1. CHILD PROTECTION POLICY.**

*i do not object to my child being photographed during any Broadstreet R.F.C activity by authorised photographer (s).*

Signature: \_\_\_\_\_

### **2. ACCIDENT – IN LOCO PARENTIS**

*I understand that in an emergency every effort will be made to contact a parent or guardian. Should it not be possible to contact a parent or guardian, I hereby give my consent that any emergency treatment or surgery necessary may be administered to my child.*

Parent/ Guardian

Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

**REMINDER: PARENTS MUST NOT LEAVE THEIR CHILD UNTIL THE COACH IS PRESENT AND THE SESSION CONFIRMED.**

CODES OF CONDUCT HAVE BEEN PREVIOUSLY SIGNED BY YOU AND MUST BE ADHERED TO.

Please sign and return to Childs Coach –  
thankyou.