

Player Profile Form

Sporting information

Have you played sport before? ? Yes ? No

If yes, where have you played the sport? (please indicate below)

- | | |
|-------------------------------------|--------------------------|
| ? Primary School | ? Secondary school |
| ? Local authority coaching sessions | ? Club |
| ? County | ? Other (please specify) |

Medical information

Please detail below any important medical information that our coaches must be aware of. (e.g. epilepsy, asthma, diabetes etc.)

Emergency contact details;

To be completed by Parent/Carer

Please indicate the person(s) who should be contacted in case of an accident/incident.

Contact name

Emergency contact number

By returning this completed form, I agree to my son/daughter/child in my care, taking part in the activities of the club.

I understand that I will be kept informed of these activities – for example, timing and transport details. I understand that in the event of any injury or illness, all reasonable steps will be taken to contact me and to deal with that injury/illness appropriately.

Name of Parent/Carer:

Signature of Parent/Carer:

Date: