



AFC HILTINGBURY

FOOTBALL CLUB



Emergency Contact Details

Player's Name: _____

Address: _____

Date of Birth (dd/mm/yy): _____

Parent / Guardian to complete

Status (Please circle): Mr . Mrs Ms Other _____ (detail)

Relation to child (mother / grandparent etc) _____

First Name: _____

Surname: _____

Emergency Telephone No: _____

Mobile No: _____

Email address _____

In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers:

1. Name: _____

Relation to child (mother / grandparent etc) _____

Emergency Contact No: _____

2. Name: _____

Relation to child (mother / grandparent etc) _____

Emergency Contact No: _____

Medical History

Please provide information on any medical conditions or medication. e.g. asthma, nose bleeds etc. For asthma please specify the type of inhaler used and ensure the inhaler is given to the coach prior to each training session / match with the players name clearly shown on the inhaler.

(Continue on reverse)

Parental / Guardian Consent

In the event that my son/daughter is injured whilst playing football/travelling to and from football events and I cannot be contacted on the above number, I hereby give my consent for my child to receive medical attention.

Signed: _____ Date _____

Print name: _____