|  |  |
| --- | --- |
| Name of child  |  |
| DOB  |  |
| Emergency contact / name  | 1)2) |
| Relationship to child |  |
| Medical information eg, Asthma or physical ect...*Please ensure your child has their medication with them every session, eg inhaler* |  |
| Addition needs eg, learning difficulties, autism ect.... (any information coaches need to know to support your child)  |  |
| Consent for photos to be taken and posted on club social media to promote the club.  |  YES NO  |

*It’s the responsibility of the parent to inform the coaches of any changes, numbers or medical.*

Parents / Guardian name/sig \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Membership Number  |  |

Coach name/sig, received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_