|  |  |
| --- | --- |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_