



WINCHESTER CANNONS RUGBY FOOTBALL CLUB

SPRING 2020 15s PLAYER REGISTRATION FORM

PLAYER NAME: _____

PLAYER EMAIL: _____

PLAYER DATE OF BIRTH: _____

PLAYER SCHOOL: _____

PLAYER PHONE: _____

PLAYER T-SHIRT SIZE: _____

PLAYER SHORTS SIZE: _____

PARENT NAME (S): _____

PARENT CELL: _____

EMERGENCY CONTACT #1:

NAME: _____

CONTACT NUMBER: _____

EMERGENCY CONTACT #2:

NAME: _____

CONTACT NUMBER: _____

DOES THE PLAYER HAVE ANY ALLERGIES? _____

IF SO, PLEASE LIST: _____

PLEASE LIST ANY PLAYER PHYSICAL CONDITION(S) OF WHICH THE COACHES SHOULD BE AWARE

(e.g. Asthma, Diabetes, etc): _____