



Players Registration and Medical Consent Form 2020/2021



Player's Full Name.....

Team Name/Age Group.....

D.O.B.....

Address.....
.....
.....

Contact Tel.No.....Mobile.....

Email.....

Emergency Contact Details

(To be used if contact cannot be made with parent/guardian)

Name:

Tel No

Do you suffer from any illnesses? YES/NO

Do you suffer from any allergies? YES/NO

Do you take medication for any illness? YES/NO

If YES to any of the above, please give details:

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.....

(Medication must only be administered by player/parent or guardian)

Name and Address of Players Doctor:

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I agree that in the event of a medical emergency the above details will be made known to qualified medical person. In the event of an injury or illness occurring whilst this player is in the care of Horwich R.M.I. AFC, I also authorise Club Officials, Managers, Coaches and any other person directly or indirectly involved with the club who have received the appropriate training(e.g. Emergency First Aid), to assist my child or young person with that injury or illness.

At Horwich RMI AFC, your trust is important to us and we are committed to safeguarding personal data. Changes in data protection law came into play on 25th May 2018. The club has a data protection and privacy policy in accordance to the EU General Data Protection Regulation 2016/679 (GDPR). These policy are located on our website (<http://www.horwichmiafc.com>).

Parent/Guardians Signature:

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Date.....