



JUNIOR PLAYER INFORMATION FORM

Confidentiality: Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child.

PLAYER DETAILS				
Name				
Address				
Date of birth				
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Another description (please state) <input type="checkbox"/>
Are there any activities in which the player can not participate?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>		

PARENT / CARER DETAILS	
Name (s)	
Contact number(s)	
Email (s)	

EMERGENCY CONTACT DETAILS			
Name of alternative adult to contact in an emergency		Relationship to child / young person	
Contact number(s) of alternative adult			

MEDICAL AND ADDITIONAL INFORMATION		
Are there any specific medical conditions requiring medical treatment?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>
Details of medication required (e.g. pills, inhaler, epipen)		
Can the Player administer their own treatments?	No <input type="checkbox"/>	Yes – please give details of any limitations <input type="checkbox"/>
Are there any other medical conditions or disabilities to be aware of?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>
Does the Player have any allergies?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>
Does the Player wear a medic alert necklace/bracelet?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>
Has the Player had any head injuries other injuries requiring hospital treatment in the past year?	No <input type="checkbox"/>	Yes – please give details & arrange to discuss with manager/coach if needed <input type="checkbox"/>
Do they require glasses?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Does the player have any additional learning needs?	No <input type="checkbox"/>	Yes – please give details & arrange to discuss with manager/coach if needed <input type="checkbox"/>

Name of GP/Surgery (for emergency use only)	
GP Telephone number (for emergency use only)	

PLAYER CONFIRMATION	
Player Name (Print)	
Player signature	
Date	
<input type="checkbox"/> I know about the code of conduct for players and the club's anti-bullying policy and I agree to follow these and any other rules the club has for everyone's safety.	

PARENT/CARER CONSENT	
Please tick the boxes below and then sign this form.	
<input type="checkbox"/> I give my consent that if an emergency medical situation arises, the organisation / club may act <i>in loco parentis</i> for administration of first aid and/or other medical treatment that in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances all reasonable steps will be taken.	
<input type="checkbox"/> I confirm that I have read /will read and adhere to, all additional policies of the Club, which will include, but are not limited to: <ul style="list-style-type: none"> • codes of conduct for parents, coaches and children • transport policy • changing-room policy • policies on photography, videoing, communication and use of social media. 	
<input type="checkbox"/> I confirm that my child is aware of the code of conduct for children and anti-bullying policy.	
Parent/carer Name (Print)	
Signature	
Date	