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| 1066 Specials FC - Player Information Sheet | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Personal Details | | | | | | | | | |
| Name | | |  |  |  |  |  |  |  |
| Address | | |  |  |  |  |  |  |  |
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| Email |  |  |  |  |  |  | Date of Birth |  |  |
| Telephone |  |  |  |  |  | Mobile |  |  |  |
| Emergency Contact Information | | | | | | | | | |
| Name |  |  |  |  |  |  |  |  |  |
| Address | | |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
| Telephone | | |  |  |  | Mobile |  |  |  |
| Relationship to player |  |  |  |  |  |  |  |  |  |
| Medical History | | | | | | | | | |
| Do you have any medical conditions, disabliities or allergies? | | | | | | | |  |  |
| If the answer is yes, please list each condition, disability or allergy and any medication you take for it | | | | | | | | | |
| Condition, Disability, Allergies | | | | | | Medication (eg inhalers, tablets) | | | |
| (eg asthma, diabetes, epilepsy etc) | | | | | |  |  |  |  |
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| **Photographic Consent Agreement** | | | | | (Please tick appropriate box) | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | I agree to give permission to use pictures to promote 1066 Specials FC | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | I Do not give permission to use pictures to promote 1066 Specials FC | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| I have received the **1066 Specials FC Code of Conduct** and agree to comply with its contents | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| Signed | | |  |  |  | Signed |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Date | |  |  |  |  | Parent/Guardian under 18's only | | | |
|  |  |  |  |  |  |  |  |  |  |