|  |  |  |
| --- | --- | --- |
| 1066 Specials FC - Player Information Sheet |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Personal Details |
| Name |   |   |   |   |   |   |   |
| Address |  |  |  |  |  |  |   |
|   |  |   |  |  |  |  |  |  |   |
|   |  |   |  |  |  |  |  |  |   |
|   |   |   |  |  |  |  |   |   |   |
| Email  |   |   |   |   |   |   | Date of Birth |   |   |
| Telephone |   |   |   |   |   | Mobile |   |   |   |
| Emergency Contact Information |
| Name |   |   |   |   |   |   |   |   |   |
| Address |  |  |  |  |  |  |   |
|   |  |   |  |  |  |  |  |  |   |
|   |  |   |  |  |  |  |  |  |   |
|   |  |   |  |  |  |  |  |  |   |
| 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) |   |  |  |   |
|   |  |  |  |  |   |   |  |  |   |
|   |  |  |  |  |   |   |  |  |   |
|   |  |  |  |  |   |   |  |  |   |
|   |  |  |  |  |   |   |  |  |   |
|   |  |  |  |  |   |   |  |  |   |
|   |  |  |  |  |   |   |  |  |   |
|   |  |  |  |  |   |   |  |  |   |
|   |  |  |  |  |   |   |  |  |   |
|   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |
| **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 |
|  |  |  |  |  |  |  |  |  |  |