

## **Belper Hockey Club – Mini Hockey Personal Information Form**

Surname \_\_\_\_\_

Forename(s) \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Home Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

School Attended \_\_\_\_\_ Yr (Sept 10) \_\_\_\_\_

Emergency Contact (1) \_\_\_\_\_ Tel \_\_\_\_\_

Mobile (1) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Emergency Contact (2) \_\_\_\_\_ Tel \_\_\_\_\_

Mobile (2) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

\_\_\_\_\_

### **Medical Information**

Do you suffer from:-

- Asthma
- Diabetes
- Epilepsy
- Allergies

Any other relevant medical conditions/medication \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 
- I give permission for the Team Managers/Coaches in charge to action any medical treatment considered necessary.
  - I am happy for photographs to be taken during matches, coaching sessions etc.

Signed \_\_\_\_\_ (parent/guardian) Date \_\_\_\_\_