



Please complete this form with all the relevant information



NAME OF CHILD

DATE OF BIRTH

HOME ADDRESS

.....

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EMERGENCY CONTACT NAMES AND NUMBERS (Please supply at least two)

1.

2.

3.

Does your child have any known medical conditions? Please circle Yes/No

Further information about medical conditions/allergies

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Date of last tetanus injection if known

Name and number of GP/Surgery

NB If your child uses an inhaler, he/she MUST bring it to all sessions and/or competitions and other events.