

PLAYER REGISTRATION FORM



CLUB NAME: PALACE PARK BC

PLAYER DETAILS

Name		D.O.B	
Address		Town	
Postcode		Telephone	
Email		School	

EMERGENCY CONTACT INFORMATION

Contact 1		Contact 2	
Contact Name		Contact Name	
Relationship		Relationship	
Number		Number	

MEDICAL INFORMATION

Details (If your child has a specific condition please provide details)	
Family doctor	
Doctors telephone number	

Parental Consent

By returning this completed form I agree to the child named above taking part in the normal activities of the club. I have read the Code of Conduct for both parents/guardians and agree to abide by those whilst in the care of the club and I understand that any continued or serious breach of these codes may result in my child being expelled from the club.

Website consent. CAN THESE FORMS BE ALTERED?

Parent/Guardian name:

Signature:

Date: