



Colyton Youth FC

Medical & Registration Information

Parents are asked to provide the following medical information concerning their child.

This information will be retained by the player's team manager for production in the event of an accident or injury requiring medical treatment.

Please inform your child's team manager of any changes or additions to the information that occur during the season.

Players Name.....Parent/Guardian name.....

Address.....

.....Post Code.....

Home Tel.....Mobile.....

E-mail.....

Date of Birth.....Place of birth.....

Name of Doctor.....

Address of Practice.....

Any allergies (plasters/medicines etc) & relevant medical information.

Declaration;

1. I agree that my child is fit to participate in Soccer and agree to the code of conduct.
2. I give permission for any emergency medical or dental treatment necessary in my absence.

Date.....Signed.....Print.....Parent/Guardian

Insurance, the children are not individually covered for personal injury. Should you feel that personal injury is desirable, we recommend that you arrange your own cover.