

Russell Banyard Coaching

Player Details

First Name	Middle Name	Last Name
Date of Birth		
Address Line 1		Address Line 2
Town	County	Postcode

Parent/ Guardian Details

	Main Contact	2nd Contact
Full Name		
Relationship to Player		
Mobile Number		
Home/ Work Number		
Email Address		

Important Information

<ul style="list-style-type: none"> I UNDERSTAND THAT I MAY NOT, TAKE ANY PHOTOS OR VIDEOS OF RUSSELL BANYARD COACHING PLAYER WITHOUT PRIOR PERMISSION OF ANY PERSONS INVOLVED.
<ul style="list-style-type: none"> I UNDERSTND THAT I ((AND ANY OTHER MEMBERS OF MY FAMILY) MUST NOT POST PHOTOS OR VIDEOS OF RUSSELL BANYARD COACHING ONTO SOCIAL MEDIA/ INTERNET WITHOUT PRIOR PERMISSION FROM ALL THOSE INVOLVED.

I can confirm that I have parental responsibility for the above-named player and that I have read, understood and consent to all the details above, and to my knowledge, the information that I have provided is correct and up to date.

I consent to the information being held and understand that I can withdraw this information at any time by emailing RussellBanyardCoaching@hotmail.com

Signed:	
Print Name:	
Date:	

Russell Banyard Coaching

Medical Form

Childs Name	
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	Please delete as appropriate
Does your child have any allergies?	Yes / No
Does your child have any pre-existing medical conditions?	Yes / No
Is you child taking any prescribed medication, including inhalers?	Yes / No
Does your child have any pre-existing injuries?	Yes / No
Does your child have any special needs?	Yes / No
If you have answered YES to any of the above, please give details in the space below...	
In an emergency, do you give consent for your child to be administered first aid by a registered first aider?	Yes / No
In an emergency, if you cannot be contacted, do you give consent for your child to receive necessary hospital treatment including anaesthetic?	Yes / No
Doctors Name	Doctors Phone Number
Doctors Address	

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Signed:	
Print Name:	
Date:	