



## VALE REDS REGISTRATION AND MEDICAL FORM

This medical form is for Emergency situations only; all details will be confidential and only released to emergency staff or to make Coaches aware of a medical issue that this participant may have

<b>Players Full Name</b>			
<b>Address</b>			
<b>Post code</b>		<b>Date of Birth</b>	
<b>Home telephone Number</b>			
<b>E-mail Address</b>			
<b>Name of School/College</b>			
<b>Name of Carer/Link Worker</b>			
<b>Emergency Contact details 1</b>			
<b>Name</b>			
<b>Relationship to Participant</b>			
<b>Emergency Contact Number</b>			
<b>E-mail Address</b>			
<b>Emergency Contact details 2</b>			
<b>Name</b>			
<b>Relationship to player</b>			
<b>Emergency Contact details</b>			
<b>E-mail Address</b>			

Please make sure that any contact Telephone numbers given above are current and the person nominated is available on training nights or when the Vale Reds are playing at a tournament.  
At least one contact must be given.

<b>What is your disability ?</b>		
<b>If yes please give details below (Please Print)</b>		
<b>Please list <u>ALL</u> current Medication being taken</b>		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<b>Any Medical information given above will only be used in case of an Emergency</b>		
<b>All the information given above is current and I agree to contact the Vale Reds FC if any of the above details change</b>		
<b>Declaration of consent to participate</b>		
<b>Parent/Guardian Signature</b>		<b>Date</b>
<b>Print Name</b>		
<b>Photographic/Video Consent—in signing the box below you give consent for the Participant named above to be photographed or video. Any photographs may be used by the Vale Reds Football team and may feature in newspapers or on the Vale Reds web site. They may also be used by other partners/sponsors of the football club with the Vale Reds Committee permission only.</b>		
<b>Parent/Guardian Signature</b>		<b>Date</b>
<b>Print Name</b>		