



Player Registration

ID NO:

Player's Name:
Date of Birth: (if U18)
Home Address:
Email Address: Mobile No:

Emergency Contact Details

	Name	Relationship to Player	Contact Tel. No
1 st Contact			

Medical /Allergies

Please list any medical conditions that we should be aware of:

If U18 & require First Aid or urgent hospital treatment during Training, may this be administered by HNC personnel

YES/NO

Do you give permission for photographs/video clips of your child to be used? This may be individually or as part of a group (U18)

I DO/DO NOT GIVE MY PERMISSION *Please delete as appropriate

PARENT/CARERS SIGNATURE:

PLAYER