

**Deddington Town Colts
Registration form for training event
on 6th July 2013**



Please can you complete the Deddington Town Colts Registration form for the Training event on 6th July 2013 at the Windmill Centre. This includes contact details for parents/carers, as well as information about any medical conditions we need to be aware of.

PLAYER DETAILS		
Full name		Age
Current Colts Team Or if sibling or friend name of link person		
Name of Manager		

PARENT/CARER CONTACT DETAILS		
Contact name of parent/carer		
Home Tel. No.		Mobile(s)

MEDICAL DETAILS FOR PLAYER
Please indicate if you have any medical conditions we should be aware of.

In the event of an emergency we will contact the parent/carer contacts listed above. In the event that the above person(s) cannot be contacted, please give two extra emergency names and numbers.

Full name		Emergency Tel. No.
Full name		Emergency Tel. No.

MEDICAL CONSENT In the event that my son/daughter is injured whilst playing football, I hereby give my consent for my child to receive medical attention from Deddington Town Colts coaching staff

Signature of parent/carer	
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