



Brook End Colts F.C

Mini Match Club Form

Player Details Full Name: Home Address Post Code Home Tel. No E-Mail Date of Birth School Year Reception <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Ethnic Origin White <input type="checkbox"/> Chinese <input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black Other <input type="checkbox"/> Pakistani <input type="checkbox"/> Indian <input type="checkbox"/> Other <input type="checkbox"/>	Emergency Contact Details Full Name Contact Home Tel No Contact Mobile No In the event that the above named person cannot be contacted, Please give at least one additional emergency contact. Full Name Contact Home Tel No Contact Mobile No Family Doctor Name Surgery Address Telephone No
Medical Details. Please indicate if your child has any medical or learning conditions that you think we should be aware of.	

Parental Consent
In the event that my child is injured whilst playing football / travelling to an from football events and I nor my other emergency contact can be reached, I hereby give consent for my child to receive medical treatment.
SIGNED :

NAME : _____
DATE : _____

I agree to abide and observe the various codes of practice supported by the club, together with the rules and regulations of the Football Association and all competitions the club participates.
SIGNATURE OF PLAYER : _____
SIGNATURE OF PARENT / GUARDIAN : _____
DATE : _____

Please complete this form and return to the mini match club co-ordinator.