



Calverton Miners Welfare F.C.

incorporating Calverton MW Colts
A FA CHARTER STANDARD COMMUNITY CLUB



EMERGENCY CONTACT AND MEDICAL INFORMATION

1.	PLAYER DETAILS		
	Surname:		
	Forenames:		
	Date of Birth:		
	Address:		
	Telephone No:		
	Contact (parent or guardian's) e-mail address:		
IN THE EVENT OF EMERGENCY PARENTS WILL BE CONTACTED IN THE FIRST INSTANCE. PLEASE SUPPLY OTHER CONTACTS FOR WHEN PARENTS ARE UNAVAILABLE.			
2.	MOTHER		
	Name:		
	Address and Telephone No [if different from player]		
	Mobile Number:		
	Place of Work & Telephone No.		
3.	FATHER		
	Name:		
	Address and Telephone No [if different from player]		
	Mobile Number:		
	Place of Work & Telephone No.		
4.	CONTACT NO. 3		
	Name and Relationship	Address	Telephone No
5.	CONTACT NO. 4		
	Name and Relationship	Address	Telephone No
6.	MEDICAL		
	Doctor	Telephone No	Is the player registered disabled yes / no
7.	EMERGENCY		
	Details of any medical condition the player has which may be relevant to participation in sporting activities e.g. asthmatic:		
Medication:			
8.	I authorise the Team Manager (or other recognised Club Official) to seek professional medical assistance for the above named player should they see fit to do so.		
<p>I certify the above information is correct.....parent/guardian</p>			

Please let us know as soon as possible if any information changes.