



NORTH WEST COUNTIES JUNIORS

Pre-registration Form

NAME OF TEAM

To ensure we have the correct contact details for you, please fill out this form and give it back to your coach/ team rep.

This does not constitute a full registration. The player will remain a free agent should he wish to train at another local club and will remain so until an official registration form is completed.

This form entitles the player to train at the club but not to participate in any arranged games.

Name

Address

Postcode

Date of Birth

Home telephone number

Parent Mobile

Parent Email

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability?

Please detail below any important medical information that our coaches/junior coordinator should be aware of

- Visual impairment
- Hearing impairment
- Physical disability
- Learning disability
- Multiple disability
- Other (please specify)

Medical information

Please detail below any important medical information that our coaches/Junior Coordinator should be aware of (e.g. epilepsy, asthma, diabetes etc.)

Emergency contact details

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Contact name e.g. parent/carer

Emergency contact number

By completing this form, I agree to my son/daughter/child in my care taking part in the activities of the club.

I understand that I will be kept informed of these activities – for example timing and transport details.

I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Name of parent/carer:

Signature of parent/carer:

Date: