

PARENT/PLAYER INFORMATION SHEET

Appendix 7

Player's Name: _____
Date of Birth: _____ Telephone No: _____
Address: _____

Mother's Name _____ Father's Name: _____
Email Address: _____
Player's Health Card No. _____ Version Code: _____

Does the player have any medical or allergic conditions that team management should be aware of?

Yes _____ No _____

If yes, provide details: _____

In the event of an emergency, the parents listed above will be contacted first. If unable to contact a parent, who can we call?

Name: _____ Telephone No: _____

Relationship to player: _____

Is there any other informaion you wish to give us about your child? _____

Signature: _____

Date: _____