COLDLANDS COLTS FOOTBALL CLUB
SUMMER SCHOOL REGISTRATION FORM

PLAYER INFORMATION							
Player's last name:		First name:		Middle name:			
Date of Birth:		Age:		Sex:	❑ M	❑ F	
Street address:							
City:		County:					
Post Code:							

PARENT / GUARDIAN INFORMATION			
Last name:		First name:	
Street address:			
City:			
County		Post Code:	
Home Phone Number:		Work Phone Number:	
Mobile Phone Number:			
E mail address:			

IN CASE OF EMERGENCY			
In the unlikely event that we are unable to contact you on any of the above numbers please provide an alternative name and contact details:			
Name:		Relationship to player:	
Contact Number:			
In the event that I cannot be contacted on any of the above numbers, I give consent for my child to receive medical attention.			

Name:		Signed:		Date:					0	9

MEDICAL DETAILS
Please indicate in the box below any medical conditions that the Club should be aware of **AND ANY** medication taken.