



THE HOME OF DEVON FOOTBALL  
**STOKE HILL AFC**

## PLAYER REGISTRATION FORM 2018/19

|   |                      |
|---|----------------------|
| Age Group:  |                      |
| Name:   |                      |
| Date of Birth:  |                      |
| Address:  |                      |
|   |                      |
|   | Post Code:           |
| Tel No:   | Email:               |
| NOK:  |                      |
| Emergency Contact 1:  | Emergency Contact 2: |
| School:   |                      |
|   | Tel No:              |
| <b>MEDICAL</b> (please use rear of this sheet if required)  |                      |
| Has your child suffered any injury recently that may cause concern?   |                      |
| Does your child suffer from any medical issue which may cause concern or that we need to be aware of?   |                      |
| Allergies:  | Any Medication:      |
| GP Name and Tel No:   |                      |
| Do you agree to give consent to the Manager, or his/her assistant, to administer First Aid <b>Y / N</b> and/or to request emergency treatment for your child in the event of an emergency where you, or authorised guardian, are not present <b>Y / N</b> |                      |
| Signed:   | Date:                |
| Print Name:   |                      |