Youth Player Registration Form

Event: _____

Date: _____

Please complete one form per player and return it with the registration fee. All information is kept confidential and used only for team administration and emergencies.

PLAYER INFORMATION

Player name: _____ **Date of birth:** _____ **Gender:** _____

Address: _____ **City:** _____ **Postcode:** _____

School: _____ **Grade / year:** _____ **Shirt size:** _____ **Previous team:** _____

PARENT / GUARDIAN

Name: _____ **Relationship:** _____ **Mobile:** _____

Email: _____ **Work phone:** _____

Second contact name: _____ **Relationship:** _____ **Mobile:** _____

EMERGENCY CONTACT (NOT A PARENT)

Name: _____ **Relationship:** _____ **Phone:** _____

MEDICAL INFORMATION

Doctor: _____ **Doctor phone:** _____ **Insurance / policy no.:** _____

- ☐ Asthma
- ☐ Allergies
- ☐ Diabetes
- ☐ Epilepsy / seizures
- ☐ Heart condition
- ☐ Previous concussion
- ☐ Takes regular medication
- ☐ Other (details below)

CONSENTS

- ☐ I consent to emergency medical treatment if I cannot be reached.
- ☐ I consent to team photos being used in club communications.
- ☐ I have read and agree to the club code of conduct.

Parent / guardian signature: _____ **Print name:** _____ **Date:** _____