Waseley Warriors FC – Player Registration Form

📌 Player Information

Full Name: _____
Date of Birth: ____ / ____ / _____
Gender: ☐ Male ☐ Female ☐ Other
Nationality: _____

📞 Emergency Contacts

1st Emergency Contact

- **Name:** _____**Date of Birth:** _____
- **Mobile No.:** _____
- **Relationship to Player:** _____
- **Email:** _____
- **Address:** _____

2nd Emergency Contact

- **Name:** _____ **Date of Birth:** _____
- **Mobile No.:** _____
- **Relationship to Player:** _____
- **Email:** _____
- **Address:** _____

⚕️ Medical Information

Doctor's Name & Contact: _____
Doctor's Address: _____

- **Does your child have any medical conditions or allergies?** ☐ Yes ☐ No
- **If yes, please provide details and list any required medication:**

_____

_____

_____

📸 Parental Consent & Media Release

Medical Consent:
In the event of an injury during a football match, training, or travel to/from events, and if I cannot be reached, I consent to my child receiving medical attention.

🔹 **Do you give permission for your child's photographs/videos to be used for club promotions (social media, website, etc.)?**
☐ Yes ☐ No

🔹 **Do you consent to receiving club updates via email/text?**
☐ Yes ☐ No

✍️ Parent/Guardian Declaration

I confirm that the details provided above are correct and that I agree to the club's policies and procedures.

Parent/Guardian Name: _____
Signature: _____
Date: ____ / ____ / _____

📣 Important Notes:

✓ Please attach a **recent (Passport Style) photograph** of your child.
✓ Ensure all sections are **completed and signed** before submission.
✓ Contact the **Club Welfare Officer** for any concerns.

Please return by email to committee@waseleywarriorsfc.com

Any questions contact:

Club Secretary
Scott Hockell on 07540 925 452

Chairman
Paul Wright on 07977 042907