



MOTIVATE INSPIRE RESPECT

Youth Player's Registration and Medical Consent Form 2024/25 Season

Player's Full Name.....

Age Group..... D.O.B.....

Address (inc postcode).....

Parent/Guardian..... D.O.B.....

Contact Tel. No.....

Email.....

Emergency Contact Details (To be used if contact cannot be made with parent/guardian)

Name: Tel No

Does your child suffer from any illnesses? YES/NO

Does your child suffer from any allergies? YES/NO

Does your child take medication for any illness? YES/NO

If YES to any of the above, please give details:

.....

(Medication must only be administered by player/parent or guardian)

Name and Address of Players Doctor:

.....

I agree that in the event of a medical emergency the above details will be made known to qualified medical person. In the event of an injury or illness occurring whilst this player is in the care of Old Rivingtonians Sports Club, I also authorise Club Officials, Managers, Coaches and any other person directly or indirectly involved with the club who have received the appropriate training (e.g. Emergency First Aid), to assist my child or young person with that injury or illness.

At Old Rivingtonians Sports Club, your trust is important to us and we are committed to safeguarding personal data. Changes in data protection law came into play on 25th May 2018. It's a positive step forward that increases your existing rights to data privacy and security, as well as improving the protection of personal information, which we take seriously. We have a privacy policy that reflects these positive changes, including how we collect, store and handle personal data. We also outline how you can contact us to exercise these rights. There's nothing you need to do right now, but if you'd like to find out more, do take a look at our Privacy Policy at any time which can be found on our website (www.olderivingtonianssportsclub.com).

Parent/Guardians Signature: Date.....



www.olderivingtonianssportsclub.com
info@oldrivssportsclub.com

