



Medical Form

To be completed with the Membership Application Form

Name:
Address:
.....

Date of Birth:.....

Medical: Doctor:
Doctor Tel. No.:

Surgery Address:.....
.....

Emergency Contact Name:
(e.g. Parent, Grandparent etc.)

Emergency Contact Tel. No.:.....
(e.g. Mobile or other family member)

Medical details that are relevant (e.g. allergies, medical conditions, medication being taken etc.):

.....

I hereby give consent to medical treatment being carried out, as required, during training or competition sessions:

Signed:

Date:

Signature of Parent/Guardian:

