

*Please complete the form below and bring it
with you on the day: -*

Players Name: _____

Address: _____

Post Code: _____

Home No: _____

Mobile: _____

Date of players birth: _____ Age: _____

School: _____

Please indicate any medical conditions: _____

Additional Emergency Contact Details: _____

Name(s): _____

Home No: _____ Mobile: _____

In the event that my child is injured whilst participating and I cannot be contacted on the above number(s), I hereby give consent for my child to receive medical attention.

Date: _____

Signed: _____

Print Name: _____

WHAT PLAYERS NEED TO BRING!

Football kit/tracksuit, football boots, shin pads & a drink.

For further information please contact Tracy Oliver on: Mobile: 07806 722939
email: traceyoliver@msn.com

For additional forms please visit www.maypolefc.com

Working in association with:

