



ESSEX SPARTANS A.F.O PLAYER INFORMATION FORM

CONTACT DETAILS	
FULL NAME:	
ADDRESS:	
	POSTCODE:
PHONE NUMBERS:	MOBILE:
	HOME:
EMAIL ADDRESS:	
DATE OF BIRTH:	
EMERGENCY CONTACT DETAILS (MUST be completed by <u>ALL</u> Players)	
NAME:	
TELEPHONE / MOBILE NO.:	

MEDICAL INFORMATION	
DOCTOR:	
SURGERY ADDRESS:	
	POSTCODE:
PHONE NUMBER:	
If you have any special needs or specific requirements, or have pre-existing medical issue or injury which coaching staff or trainers should be made aware of, please make a note here:	
Do you suffer from any condition(s) requiring medication?	YES / NO
If yes, please give details here:	
Are you allergic to any medications?	YES / NO
If yes, please give details here:	
Do you have any allergies?	YES / NO
If yes, please give details here:	
Do you have any special dietary needs?	YES / NO
If yes, please give details here:	
Do you wear glasses?	YES / NO
Do you wear contact lenses?	YES / NO
Do you wear a hearing aid?	YES / NO
Do you wear a medical alert bracelet or necklace?	YES / NO
If yes, please state what is written on it:	

Please indicate below your availability to attend practice, classroom and game days:
Saturday [Game] <input type="checkbox"/> Sunday [Practice/Game] <input type="checkbox"/>
Monday evening [Practice only] <input type="checkbox"/> Wednesday evening [Practice only] <input type="checkbox"/> Friday evening [Practice only] <input type="checkbox"/>

What sports do you currently play?		
Name of Sport	Name of Club	Position Player + Experience (Yrs)

What American Football Team do you support?		
How did you hear about us?		
Do you have a Facebook Account?		YES / NO
Please tick this box if you do NOT wish to receive future Essex Spartan communications		

<p>Disclaimer: I understand that all activities I participate in this event are done out of my own risk and I accept all responsibility. I agree not to bring any claim against the organisers of this activity or officers involved in the event. I have read and accepted the terms of this liability disclaimer agreement.</p>		
PLAYERS SIGNATURE:		DATE:

PARENTS/GUARDIAN DETAILS (MUST be completed if player under 18 years)		
<p>I hereby give permission for my Son /Daughter to participate in the AMERICAN FOOTBALL TASTER SESSION, and any related activities.</p>		
<p>Please tick box if your Child will be making his/her own arrangements for travelling to and from the specified activity/ies. <input type="checkbox"/></p>		
<p>I further authorise ESSEX SPARTANS AMERICAN FOOTBALL ORGANISATION to provide treatment of an injury to or illness of my son/daughter if qualified medical personnel consider treatment necessary and perform the treatment, including anaesthetic or blood transfusion. This authorisation is granted only if I cannot be reached and a reasonable effort made to do so. I understand the extent and limitations of the insurance cover provided.</p>		
<p>I agree to my Child being photographed or filmed for publicity or public relations in respect of the above activity/ies in compliance with the Data Protection Act and BAFA Safeguarding Young Persons guidelines.</p>		
<p>I understand this Informed Consent Form and agree to its conditions on behalf of my son/daughter.</p>		
<p>Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Child Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason we do not recommend insistence on parents signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents or to have an adult on hand able to sign forms required by medical authorities.</p>		
PARENT/GUARDIAN NAME:		
RELATIONSHIP:		
PARENT/GUARDIAN SIGNATURE:		DATE:

Please return form to: ESSEX SPARTANS AMERICAN FOOTBALL ORGANISATION.