



ESSEX SPARTANS A.F.O
PLAYER INFORMATION FORM

CONTACT DETAILS					
FULL NAME:					
ADDRESS:					
		POSTCODE:			
PHONE NUMBERS:		MOBILE:			
		HOME:			
EMAIL ADDRESS:					
DATE OF BIRTH:	/ /	WEIGHT:	LBS	HEIGHT:	FT. INCHES

Please indicate below your availability to attend practice, classroom and game days:

Saturday [Game] Sunday [Practice/Game]

Monday evening [Practice only] Wednesday evening [Practice only] Friday evening [Practice only]

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	<input type="checkbox"/>

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:	

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.		
PLAYERS SIGNATURE:		DATE:

EMERGENCY CONTACT DETAILS (MUST be completed by <u>ALL</u> Players)	
NAME:	
TELEPHONE / MOBILE NO.:	

PARENTS/GUARDIAN DETAILS (MUST be completed if player <u>under</u> 18 years)		
PARENT/GUARDIAN NAME:		
PARENT/GUARDIAN SIGNATURE:		DATE: