



MILTON RANGERS FOOTBALL
(IN ASSOCIATION WITH MILTON PRIMARY SCHOOL)
REGISTRATION FORM

1. Details of football activity: *Coaching, all types of matches.*

I agree to(name) taking part in these activities and the need for the above to behave responsibly.

2. Please give details of any medical information about your child, including medication.

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a. Is your child allergic to any medication? YES/NO. If yes, please specify:

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b. Has your child had a tetanus injection within the last five years? yes/no.

I will inform MILTON RANGERS FC of any changes in the medical or other circumstances of the child named above.

3. Declaration

I agree to the child named above receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

4. EMERGENCY CONTACTS

Contact telephone numbers

Home: Mobile:

Work:

Home Address:

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.....Post code:

Alternative emergency telephone number:

Their name:

Address:

Name of family Doctor: **Tel:**

Date of Birth School Year

Signed: **Full Name:**

Date: