

BLACKHALL PRIMARY SCHOOL SPORTS CLUB
REGISTRATION FORM

Pupil's Name: _____

Class: _____

Name of Parent/Guardian: _____

Contact Address: _____

Home Telephone Number: _____

Mobile Telephone Number: _____

E-mail address: _____

Please note that sports can be physical and from time to time injuries can, and do, occur. Whilst there will be coaches in attendance, we cannot accept any responsibility for any injury which may occur during training or matches.

Also as this is a volunteer run club, the children's behaviour remains their parent's responsibility while participating.

Signature: _____
(Parent/Guardian)

Date: _____

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HEALTH FORM

Pupil's Name: _____

Date of Birth: _____

1. Does your child have to take any medicine or pills ? YES NO
2. Does your child suffer from any allergy or disability ? YES NO
3. Is there anything else to which you wish to draw our attention regarding your child's health ? YES NO
4. Has your child had an anti-tetanus injection within the last 5 years ? YES NO

If the answer to question 1,2 or 3 is YES, please specify below any details which we or a doctor may find useful.

Name, address and telephone number of family doctor: _____

Tel: _____

I give permission for any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signature: _____

Date: _____

(Parent/Guardian)