

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.

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)