



# Waseley Warriors FC – Player Registration Form

## Player Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender:  Male  Female  Other

Nationality: \_\_\_\_\_

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## Emergency Contacts

### 1st Emergency Contact

◆ Name: \_\_\_\_\_

◆ Mobile No.: \_\_\_\_\_

◆ Relationship to Player: \_\_\_\_\_

◆ Email: \_\_\_\_\_

◆ Address: \_\_\_\_\_

### 2nd Emergency Contact

◆ Name: \_\_\_\_\_

◆ Mobile No.: \_\_\_\_\_

◆ Relationship to Player: \_\_\_\_\_

◆ Email: \_\_\_\_\_

◆ Address: \_\_\_\_\_

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## Medical Information

Doctor's Name & Contact: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

◆ Does your child have any medical conditions or allergies?  Yes  No

◆ If yes, please provide details and list any required medication:

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## Parental Consent & Media Release

### Medical Consent:

In the event of an injury during a football match, training, or travel to/from events, and if I cannot be reached, I consent to my child receiving medical attention.

◆ Do you give permission for your child's photographs/videos to be used for club promotions (social media, website, etc.)?

Yes  No

◆ Do you consent to receiving club updates via email/text?

Yes  No

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## Parent/Guardian Declaration

I confirm that the details provided above are correct and that I agree to the club's policies and procedures.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## Important Notes:

- ✓ Please attach a **recent (Passport Style) photograph** of your child.
- ✓ Ensure all sections are **completed and signed** before submission.
- ✓ Contact the **Club Welfare Officer** for any concerns.

Please return by email to  
[committee@waseleywarriorsfc.com](mailto:committee@waseleywarriorsfc.com)

### Any questions contact:

#### Club Secretary

Scott Hockell on 07540 925 452

#### Chairman

Paul Wright on 07977 042907