

MEDWAY JUNIOR DEVELOPMENT CENTRE

To ensure that we have the correct contact details for you, please insert the information requested below and return this form. We will also use this information to ensure that you are kept informed about Medway JDC events.

Name:	
Address:	
Postcode:	
Home telephone:	
Mobile telephone:	
Email address:	
Date of birth:	
Gender:	
School:	

I agree to my child (full name)

taking part in coaching and playing activities at Holcombe Hockey Club. I consent that in the event of any illness/accident, any necessary treatment can be administered on the advice of a medical practitioner. I also understand while sports coaches and Holcombe Hockey Club personnel will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child. I set out below, or in an attached note, details of any medical conditions from which my son/daughter is suffering, together with details of any treatment and medications currently being taken.

Signature:

Date:

Name:

(in block capitals please)

Medical details: *(Please list all relevant medical details of young person)*

Doctor's name:

Doctor's address:

Doctor's telephone:

Emergency contact information: (in priority order of who should be contacted)

Name	Relationship	Telephone

I understand that the following disability information is voluntary and I confirm that I understand that I may request at any time for the following information to be removed from the register.

Please tick if you feel your child has a disability in of any of the following:

<input type="checkbox"/> Autism	<input type="checkbox"/> Behavioural	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hearing
<input type="checkbox"/> Learning	<input type="checkbox"/> Mobility	<input type="checkbox"/> Physical	<input type="checkbox"/> Visual

Disability classification: *(if known)*

I agree for this information to be stored on a Medway JDC register for use by the management and its coaches.

Signature:

Date:

Name:

(in block capitals please)