



Adult Player's Registration and Medical Consent Form 20/21 Season

Player's Full Name.....

D.O.B.....

Address.....

.....

Contact Tel. No.....

Email.....

Emergency Contact Details

Name: Tel No

Do you suffer from any illnesses? YES/NO

Do you suffer from any allergies? YES/NO

Do you take medication for any illness? YES/NO

If YES to any of the above, please give details:

.....

(Medication must only be administered by player)

Name and Address of Players Doctor:

.....

I agree that in the event of a medical emergency the above details will be made known to qualified medical person. In the event of an injury or illness occurring whilst this player is in the care of Horwich R.M.I. F.C, I also authorise Club Officials, Managers, Coaches and any other person directly or indirectly involved with the club who have received the appropriate training (e.g. Emergency First Aid), to assist me with that injury or illness.

At Horwich R.M.I F.C, your trust is important to us and we are committed to safeguarding personal data. Changes in data protection law came into play on 25th May 2018. It's a positive step forward that increases your existing rights to data privacy and security, as well as improving the protection of personal information, which we take seriously. We have a privacy policy that reflects these positive changes, including how we collect, store and handle personal data. We also outline how you can contact us to exercise these rights. There's nothing you need to do right now, but if you'd like to find out more, do take a look at our Privacy Policy at any time which can be found on our website (<http://www.horwichmifc.com>).

Signature: Date.....