****

**SoccerRockz**

**PLAYER REGISTRATION & MEDICAL CONSENT FORM 2018**

**CHILDS NAME: ………………………………….. DATE OF BIRTH: …………………………………………….**

**ADDRESS: …………………………………………. EMERGENCY PHONE: …………………………………….**

**………………………………………………………….. MOBILE EMERGENCY: ……………………………………**

**E-MAIL: …………………………………………….. SIGNATURE: ………………………………………………….**

**If I cannot be contacted on the above numbers, I hereby give my consent for my child to receive medical attention.**

**!. Full Name of Parent/Guardian ………………………………………………………………………………………………………….**

 **ADDRESS (If different from above) ………………………………………………………………………………………………………….**

**2. 2nd Emergency Contact Name: .………………………………………………………………………………………………………..**

 **Telephone/Contact Details .…………………………………………………………………………………………………………**

**3. (Child) Allergic to any Medication? Give details …………………………………………....................................................**

**4. (Child) Date of last Tetanus Injection ………………………………………………………………………………………………………….**

**5. (Child) Serious Illness/Injury in the Past Two Years? If Yes Give Details ………………………………………………………**

 **………………………………………………………………………………………………………………………………………………………………………….**

**6. (Child) Suffer from Asthma, Diabetes or Epilepsy? Give Details …………………………………………………………….......**

 **What Triggers the Asthma? ……………………………………………………………………………………………………………………….**

**7. (Child) Taking any Regular Medication? Give Details: ………………………………………………………………………………..**

 **Did You Bring It with You Today? ………………………………………………………………………………………………………….**

**8. Is There Any Other Medical Condition Your Coaches Should Be Aware Of? Give Details ……………………………. ………………………………………………………………………………………………………………………………………………………………………….**

**9. (Child) School Year Will You be In from September 2018 to July 2019 Please Circle**

 **Pre-School R I**

**10. (Child) School You Will Be Attending from September 2018 to July 2019 ……………………………………………………..**

 **…………………………………………………………………………………………………………………………………………………………………………**

**11. (Child) Have Any Learning Difficulties or Special Needs? Give Details …………………………………………………….**

 **…………………………………………………………………………………………………………………………………………………………………………**

**12. How Did You Hear About Us: Internet Other: ……………………………………………………………………**

**13. Do You Have Any Skills In (a) Accounts, (b) Fund Raising, (c) Marketing, (D) Teaching. Please Circle.**

**14. I would like to Sponsor or Find a Sponsor for SoccerRockz. Please Circle.**

**15. IS IT OK FOR PHOTOGRAPHS/VIDEOS OF MY CHILD TO BE TAKEN: Y N**