



HFSA Player Registration Form

Confidentiality: Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child.

Name of Child:	
Address:	
Date of Birth:	
Gender:	Male / Female
Name of Parent/carer:	
Home Tel No. parent/carer:	
e-mail address of parent/carer:	
Session Details:	
Session you would like to attend (please delete as appropriate) At Bricknell Primary School:	Sat: 9-30-10-30, 4-7 years, basic skills & games. Sat: 10-30-11-30, 8-12 years, basic skills & games. Sat: 11-30-12-30, 8-13 years, advanced skills and game related play.
Emergency Contact Information:	
Name of alternative adult who can be contacted in an emergency:	
Home Tel No alternative adult:	
Please confirm if there any activities that your child can not participate in?	Please give details:
Medical Information:	
Home Tel No alternative adult:	
Any specific medical conditions requiring medical treatment?	Yes (please detail)
Details of medication required:	Yes (please detail)
Any specific medical condition or disability?	Yes (please detail)
Any allergies?	Yes (please detail)
Consent:	
I give my consent that if an emergency medical situation arises, the organisation/club may act as loco parentis. If the need arises for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances that all reasonable steps are made	
Signature of parent/carer:	
Print name of parent/carer:	
Date:	