

PLAYER REGISTRATION DETAILS:

Please complete carefully in legible block capitals and return to **Daniel Lock** by **2nd September 2022**

Your First Name	
Your Surname	
Emergency Contact number on Day.	
Your Address (including post-code)	
Your parents/guardian's names	
Your parents' e-mail address	
Your home phone number	
Your email address (if over 18)	
Your parents' mobile number(s)	
Your date of birth (dd/mm/yy)	
Your School/Club	
Position(s) you currently play (Please insert up to 3 specific positions in order of preference)	

Parent/Guardian declaration:

I am aware that photographs may be taken for promotional purposes and give consent for my child to appear in such photos.

My attention has been drawn to the desirability of arranging insurance in respect of personal accident cover.

I am aware that the wearing of a mouth guard is in the best interests of player safety, as research has shown that this significantly reduces the incidence of dental injuries, injuries to mouth and lips, and concussion. I confirm that where a mouth guard could have prevented or lessened any injury sustained, I take full responsibility for such injury. I confirm that the above information is correct.

Date.....

Players signature..... Parent's/Guardian's signature.....