



Horsham Hockey Club

The Pavilion, Cricketfield Road, Horsham, West Sussex RH12 1TE

2007/2008 Season

Please complete in block capitals

Surname..... DOB.....Age.....

Forenames.....Nickname.....

Address.....

.....Post Code.....

Telephone: (H) (M)

Email address.....

School/ College

Playing Record

Please list below playing history /achievements

Club / County	Season(s)	Positions/Achievements

Any other information you feel may be relevant.



Horsham Hockey Club

The Pavilion, Cricketfield Road, Horsham, West Sussex RH12 1TE

Medical Information for all and Consent form for U18

Special Dietary Requirements

.....

Allergies /Medical Conditions

.....

Medication currently being taken as prescribed by a Medical Doctor.....

.....

.....

Any Medication being taken that has been purchased not prescribed by a Medical Doctor

.....

Blood Group (if known)..... Last Tetanus Vaccination.....

Injuries over past 12 months.....

.....

.....

Person to contact in an emergency

Name.....

Address.....

.....

Telephone: (H)(M).....

Please provide any other information that may be relevant to your general well being that should be known to the coach and captain of your team.

.....

.....

Parents are requested to sign the following information or provide in writing the exact parameters in event of accident or injury that can be taken in respect of your child as either parent or guardian.

In the event of an accident or illness whilst either at a coaching session or whilst playing for Horsham Hockey Club I hereby authorise the Head Coach, Manager or Captain to consent to such medical treatment, including inoculations, surgery or blood transfusion, which in the opinion of a qualified medical practitioner or physiotherapist may be necessary for the child (under 18) named below.

Name.....

Signed.....Parent / Guardian

Dated.....