

CP SPORT - FOOTBALL ENTRY FORM

PARENT/CARER, PLEASE COMPLETE THE SECTION BELOW:

Players full name: _____
Address: _____
_____ Post Code: _____
Telephone Number: _____ Mobile Number: _____
Players date of birth: _____
Email: _____
If player is entering as part of team, please provide the **team name:** _____
coaches name: _____ and their **telephone number:** _____
Disability Category / Group (if known): _____
Signed: _____ Date: _____

Has the player, at any time, received an Anti-Tetanus injection? Yes / No (please circle)
If yes please give appropriate date: _____

Is the player allergic to any medical treatment? Yes / No (please circle)
If yes, please give details: _____

Is the player epileptic? Yes / No (please circle)
If yes please give date of last seizure and medication: _____

Emergency contact number: _____

Please state any other medical conditions you consider to be relevant: _____

I am pleased to allow the above individual to take part in this Cerebral Palsy Football Event and give my consent for any immediate treatment, deemed necessary, by a qualified physiotherapist or medical practitioner.

Parent/Guardian: _____ Date: _____

I wish to take part in the following events:

Sheffield – 26/02/12 Manchester – 18/03/12 Nottingham – 22/04/12
Leicester – 06/05/12 Featherstone – 10/06/12

Please return the completed form to:

Dermot Dolan, Cerebral Palsy Sport, Unit 5 Heathcoat Building, Nottingham Science Park,
University Boulevard, Nottingham, NG7 2QJ

Photography consent:

CP Sport may take photographs/recordings of you whilst at this event. These images may appear in publicity materials or websites. If you do not consent to this, please tick here