

## **JUNIOR APPLICATION - PLAYER PROFILE FORM (UNDER 18)**

The safety and welfare of children in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details in order that their best interests are addressed. Please complete this form with our assurance that the information will be treated as confidential.

It is the responsibility of the junior and their parent/guardian to notify the Junior Organiser if any of the details change at any time.

### **NAME OF CHILD:**

Date of Birth: .....

Address: .....

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Postcode: ..... Telephone: .....

Email Address: .....

**PARENTS NAMES:** Father: ..... Mother: .....

Address: ..... (if different)

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.....

.....

Postcode: ..... (if different)

Home Telephone: ..... (if different)

Mobile Telephone: ..... (if different)

Work Telephone: ..... (if different)

### **EMERGENCY CONTACTS**

**Contact 1 Name:** .....

Relationship to child: .....

Home Telephone: .....

Mobile Telephone: .....

Work Telephone: .....

**Contact 2 Name:** .....

Relationship to child: .....

Home Telephone: .....

Mobile Telephone: .....

Work Telephone: .....

## MEDICAL INFORMATION

Childs Doctors Name: .....

Doctors Surgery Address: .....

Telephone Number: .....

Does your child experience any conditions requiring medical treatment and/or medication?

☐ YES

☐ NO

*If yes please give details, including medication, dose and frequency.*

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Does your child have any allergies?

☐ YES

☐ NO

*If yes please give details.*

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Does your child have any specific dietary requirements?

☐ YES

☐ NO

*If yes please give details.*

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What additional needs, if any, does your child have e.g. needs help to administer planned medication, assistance with lifting or access, regular snacks?

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## DISABILITY

The Disability Discrimination Act 1995 defines a disabled person as 'anyone with a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities'.

Do you consider your son/daughter to have a disability?

YES

☐

NO

☐

If yes what is the nature of their disability?

☐

Visual Impairment

☐

Hearing Impairment

☐

Physical Disability

☐

Learning Disability

☐

Mutiple Disabilities

☐

Other \*

\* Please Specify:

\_\_\_\_\_

Does your child have any communication needs, e.g. non-English speaker, hearing imparairment, sign language user, dyslexia? If yes, please tell us what we need to do to enable him/her to communicate with us fully.

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I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those detailed above.

I agree to notify CRGC should the above details need to be updated/changed and if my son/daughter should not be participating in an event/activity due to illness or injury.

I, ..... being parent/guardian of the above named child, hereby give permission for the CRGC responsible person to give the immediately necessary authority on my behalf for any medical or surgical treatment recommened by competent medical authorites, where it would be contary to my son/daughter's interest, in the doctors medical opinion, for any delay to be incurred by seeking my personal concent.

Signed - Parent/Guardian: .....

Print name: .....

Date: .....