



**MANAGERS, COACHES  
and VOLUNTEERS**



**WIDBROOK UTD. CLUB REGISTRATION. 2021/2022**

**Full Name**.....

**Home address**.....

.....**E-Mail**.....

**Home telephone no**.....**Mobile telephone no**.....

**Date of birth**..... **Teams**.....

**Gender** (please tick) male/female

**Medical Details**

Please indicate if you have any medical conditions we should be aware of e.g. asthma.....

.....

.....

**Emergency contact details**

Status (please tick) Mr. Mrs. Ms Other  
First Name.....Surname.....

Emergency Telephone No.....Mobile No.....

In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers and indicate their relationship. (e.g. .aunt, neighbour friend):

First Name.....Surname..... Relationship .....

Emergency Telephone No.....Mobile No.....

First Name.....Surname..... Relationship.....

Emergency Telephone No.....Mobile No.....

**Parental/Carer Consent if under 18 or consent if over 18**

In the event that I am injured whilst involved in football/travelling to and from football events and I cannot be contacted on the above numbers I hereby give my consent for myself to receive medical attention.

I also give consent for photographs to be used in either web site or newspaper publications connected with the club

I have also received a copy of and am fully aware of the clubs codes of conduct, procedures and safeguarding policies

**Signed**.....**Date**.....

**Print Name**.....

**CRB Certificate no**.....**Date issued**.....