



South Bunbury Junior Football Council (inc)

President

Joe Carbone.

Secretary

Murray Johnston

**P O Box 2358
BUNBURY WA 6231**

PLAYER MEDICAL REGISTRATION FORM

Parent/Guardian,

Please complete this form to inform the club of any medical condition which may be relevant to the safety of your son playing football. The contact numbers are required should the need to contact a parent arise.

This information will only be passed onto the relevant coach.

Players Name _____

Age group/team _____

Medicare No _____

Medical conditions _____

Emergency contact number 1 _____

Emergency contact number 2 _____

Are you a Grammer School Boarder yes / no **Housing Supervisors Name** _____

Housing Supervisors phone _____

I _____, give consent for _____ to be treated at a hospital casualty department by the doctor on duty, should the situation arise?

Parents also need to be aware that coaches are volunteers. Please be vigilante with drop off and pick-up times as the children are only the coach's responsibility during training and game times. The coach will set training times and all children will be notified.

Once we have fixtures from Association we will distribute them to coaches, players and parents.

Parent/Guardian Signature: _____ **Date:** _____



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