

Respect



Hanslope Hornets Football Club

Established 1996 www.hanslopehornetsfc.net

Registration Season 2009/10 (*passport photo required)

Childs Details		Contacts	
First Name(s)	Home Address	Parent/ Guardian #1 name	Emergency Name
Surname		Mobile	Address
Date of Birth	Postcode	Parent/ Guardian #2 name	
School	Home Telephone	Mobile	Telephone numbers
	Player Mobile		
	Email		

Medical Details		
Doctor :	Known Allergies: (eg <i>WaspStings</i> , <i>Penicillin etc.</i>)	Use of Pain Killing Sprays: (e.g. <i>Deep Heat</i> <i>and Freeze sprays etc</i>)
Surgery		
Telephone	Asthma Sufferer? Yes / No	Yes / No
If required please ensure your child always brings their medication		

Please use this space to provide additional details about your child which club officials should be aware of.

Please advise if any of the above details change, or if a special arrangement is required for a particular day to a club official.