



**EMERGENCY INFORMATION CARD**

AGE GROUP..... TEAM..... DATE.....

Players Name.....D.O.B.....

Players Address.....

.....

Post Code.....Phone No.....

Mobile No.....

School.....

E:Mail.....

**IMPORTANT INFORMATION**

Any Illness's we should be aware of.....

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**Cheadle Heath Nomads FC has a defibrillator. In case of an emergency do we have your permission to use it .....**

During the season we take photographs, to do this we need your permission. These photos will only be used to promote Cheadle Heath Nomads F.C. and your sons/daughters team. Please sign below if you agree to this.

Signed  
by.....Relationship.....

**PLEASE TURN OVER**



## Player/Parent Information Sheet

### Player Information

First Name	
Surname	
Relevant Medical Information	

### 1<sup>st</sup> Parent / Guardian Information

First Name	
Surname	
e-Mail Address	
Full Postal Address	
Postcode	
Mobile Number	
Home Number	

### 2<sup>nd</sup> Parent / Guardian Information

First Name	
Surname	
e-Mail Address	
Full Postal Address	
Postcode	
Mobile Number	
Home Number	