



Chadderton Park Community Sports Club

Football ■ Netball ■ Rounders

www.chaddypark.co.uk

“Charter Standard Community Club”



Cerebral Palsy Football Registration Form

Players Details

Full Name: _____

Address: _____

Post Code _____

Home Tel No. _____

Date of Birth _____

Email _____

Medical Details:

Do you have cerebral palsy? Yes No

Do you use a walking aid? Yes No

Additional comments _____

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

Parent / Guardian / Coach Details

Mr Mrs Ms Miss Other

First Name: _____

Surname: _____

Emergency phone no: _____

Mobile No: _____

Email _____

Please return this form to:

Chadderton Park Sports Club

Email : Craig@Chaddypark.co.uk

All monies to be paid by standing order on a monthly basis.

I am pleased to allow the above individual to take part in Cerebral Palsy Football and give my consent for any immediate treatment, deemed necessary, by a qualified physiotherapist or medical practitioner.

In accordance with the Club's Child Protection Policy I * **give consent / do not give consent** for their photograph to be included in team photos which may also be used in the clubs newsletters, website, press reports and the club's social media from now and in future years.

Parent/Guardian signature:

Date: _____