

PLAYER EMERGENCY CONTACT FORM

This must be fully completed by every player and kept in the kit bag. (Rule 6.8.2 of League Rules)

Forms should be reviewed each season and updated accordingly.

TEAM NAME	
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PERSONAL DETAILS			
Full Name			
Date of Birth		Affiliation No.	
Home Address			
Post Code		Email	
Home Telephone		Mobile No.	

MEDICAL INFORMATION		
Do you have any medical conditions? (including allergies, current medication, special dietary requirements, injuries)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Details</i>		

EMERGENCY CONTACT DETAILS		
Full Name		
Home Telephone		Mobile No.
Relationship		

Signed (Player)		Date	
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