

SAINT COLMS BASKETBALL CLUB MEMBERS – MEDICAL DETAILS

NAME	
DATE OF BIRTH	
ADDRESS	
NEXT OF KIN	
NEXT OF KIN PHONE NOS.	
NEXT OF KIN ADDRESS	
ALTERNATIVE NAME & NO. (IN THE EVENT NEXT OF KIN UNCONTACTABLE)	
ANY RELEVANT MEDICAL INFORMATION	
ALLERGIES	
NAME & PHONE NO OF DOCTOR	
ANY ADDITION INFORMATION WHICH MAY ASSIST CLUB	

THIS INFORMATION WILL BE KEPT CONFIDENTIALLY BY COACHES IN THE CLUB, TO HELP US TO PROVIDE A SAFE & SECURE ENVIRONMENT FOR TRAINING AND PARTICIPATING IN CLUB ACTIVITIES

THE CLUB REQUIRES PARENTS OF MEMBERS UNDER 18 TO COMPLETE THE ABOVE FORM.