



MEDICAL DECLARATION FORM 2025

Title & Full name:

Date of birth:Gender.....

Emergency Contact Details:

Name:Mobile no.....

Relationship:

Do you have any allergies we should be aware of?

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Do you have any medical conditions or injuries we should be aware of?

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Is there any other information you believe we should be aware of?

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Please note:

The details on this form will be held in a secure location and will only be retrieved following an incident or injury. For this reason, it is important for you to make your coach and club officials aware of any medical conditions you feel may be relevant to your participation in club activities.