



Ivybridge Town Football Club Summer Football School 2007 Emergency Contact Information

Player Name.....

Player Address.....

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Date of Birth..... Nationality.....

Medical Information.....

Parental/Guardian Details:

Full Name.....

Contact number.....

Parental Consent:

Should my son/daughter be injured whilst taking part in activities at Ivybridge Town FC summer football school, I hereby give consent for my child to receive medical aid.

Parental consent signature.....

Emergency contact details:

This number should be used in the event of an emergency:

Telephone no (Home) (Mob)

Emergency contact name.....

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