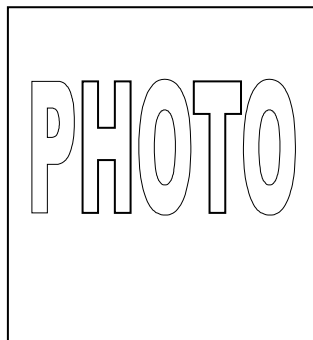




National Training Player Details (Under 18 Form)



Please read all information carefully, completing all sections with the information required.

PLAYER PERSONAL DETAILS			
Title		Surname	
Forenames			Preferred Name
Date of Birth			Male/Female
Address			
	Post code		
Home telephone number		Mobile Number	
Player contact email address			
Mother/Guardian(1) Name		Contact telephone Number	
Contact email			
Father/Guardian (2) Name		Contact telephone Number	
Contact email			
<p>Please circle contact(s) to be used to receive information</p> <p>Player Mother/Guardian (1) Father/Guardian (2)</p>			

Player Information							
Registered Club		NRHA Registration No.					
Previous Club (s)							
Age of player when first started to play Roller Hockey				Goalkeeper / Outfield			
Regular Roller Hockey Training Days (Please Circle)	S	M	T	W	T	F	S
Hours per day							

Data Protection

All personal addresses, telephone numbers and medical information will be held on the Coaching Directors National Training database. This information will not be released to any person who is not a member of the NRHA Board or a member of the National Coaching Director's structure.

Emails

Email addresses given in personal contacts will be used in group emails and will be viewed by all other persons in the group email. If you would prefer not to have your usual email address known, please provide an alternative email address in the contact details above.

This email will be used to provide you with all information regarding the NRHA development plan events, so please ensure this is updated when any change occurs.

Safety

I agree to direct my child to cooperate and conform to the directions and instructions of the National Coaching Director's staff.

My child understands that they need to protect themselves by using the following safety equipment during training and games.

Outfield Players

Mandatory: Knee Pads, Gloves, Shin Pads and Box (boys).

Optional: Gum shield, elbow pads

Goal keepers

Mandatory: Leg Pads, Gloves, Chest Pad, Helmet, Box (Boys)

Optional: Neck Guard, Elbow Pads, padded shorts

Signature of Parent/Guardian		Date	
Please Print Name			

Photography/Videos

One of the main aims of the National Roller Hockey Association is to raise the visibility of Roller Hockey in England. In order to achieve this it will be necessary to publish any events, training, games and trips abroad that your child may participate in as part of the NRHA Development Plan. In order to release any child's photos, video footage and comments, we need your written permission. To give your consent, please complete your name and your child's name and sign below.

I,(Name of Parent/Guardian) of
(Child's Name) give my consent for the NRHA to use photos, videos and or /voice recordings that includes my son/daughter for the purpose of publicising and promoting Roller Hockey. I understand that the images or recordings may be publicised in newspapers or magazines, on the World Wide Web, or be broadcast on television or radio.

Parent/Guardian Signature		Date	
Please Print Name			

Health

Doctors Name		National Health Number			
Doctors Address					
Post Code		Contact Number			
IN THE CASE OF EMERGENCY WE WILL ALWAYS CONTACT THE PARENTS/GUARDIANS NAMED ABOVE. HOWEVER IN THE EVENT THAT WE ARE UNABLE TO ESTABLISH CONTACT PLEASE PROVIDE DETAILS OF TWO ADDITIONAL CONTACTS.					
Name of Emergency Contact (1)		Telephone No			
Relationship to Child		Mobile No			
Name of Emergency Contact (2)		Telephone No			
Relationship to Child		Mobile No			
Does your child/do you suffer from any allergies?	Yes/No	Details of Allergies			
Is there any other medical information that you need to make us aware of?	Yes/No	Details			
In the case of minor injury or illness I agree that the NRHA staff can apply the following treatments to my child.					
Ice Pack	Yes/No	Strapping	Yes/No	Blister prevention gel plaster	Yes/No
Calpol	Yes/No	Adhesive Plaster	Yes/No	Freeze spray	Yes/No
Friction Burn Prevention cream	Yes/No	Antiseptic	Yes/No	Heat spray	Yes/No
Steri - Strips	Yes/No	Bandage/wound dressing	Yes/No	Saline solution For eye irritation	Yes/No
Signature of Parent/Guardian				Date	
Please Print Name					

Changes to information provided

Parents/Guardians are responsible for notifying the Coaching Director of any changes to the information on this form, including changes to health and medical provider. Changes should be emailed to carlos6amaral@hotmail.com or notified in writing to the National Coaching Director's administrator at National Training.

Insurance

All players participating in training at National Training will be covered for accidents and personal injury, providing that they are registered with the NRHA

Player Signature		Date	
Print Name			

Parent/Guardian Signature		Date	
Print Name			

Please return the completed form to Marisa Parfitt at 21 The Causeway, Soham, Ely, Cambs CB7 5BB or by hand at National Training.

FOR OFFICE USE ONLY:

Session	
Development Project	
Comments	