

Acers Badminton Club

(Affiliated to BOE)

Player Registration Form



PERSONAL DETAILS – please print clearly			
First name		Surname	
Gender		Date of Birth	
Home address PostCode			
Home Phone No		Ethnicity	
Mobile		Email	

EMERGENCY CONTACT – please detail who you would like up to contact in case of emergency			
Name of contact		Relationship with player	
Phone Number		Mobile number	
MEDICAL INFORMATION – please detail any medical conditions that you wish to make us aware of (e.g. epilepsy, asthma, diabetes, allergies etc)			

DECLARATION – please sign to confirm the information above is correct		
I have completed the information above and the medical questionnaire Signature:	Name:	Date:
If under 16, a parent/guardian must sign, giving permission to participate. Signature:	Name:	Date: