



## Poole Dolphins Junior & Youth

### Emergency Contact Details and Medical Conditions

|                |  |
|----------------|--|
| Player Name:   |  |
| Age:           |  |
| Date of Birth: |  |

|                     |  |
|---------------------|--|
| Medical Conditions: |  |
| Allergies:          |  |
| Current Medication: |  |

|                 |  |
|-----------------|--|
| Current Doctor: |  |
| Doctors Phone:  |  |

|                        |  |
|------------------------|--|
| Parent/Guardians Name: |  |
| Home Phone:            |  |
| Work Phone:            |  |
| Mobile Phone:          |  |

|                         |  |
|-------------------------|--|
| Alternate Contact Name: |  |
| Relationship to player: |  |
| Home Phone:             |  |
| Work Phone:             |  |
| Mobile Phone:           |  |

#### **Coronavirus Section - DISCLAIMER - MUST BE COMPLETED AND SIGNED**

|  |
|--|
| 1) I am aware of the symptoms that's are associated with COVID-19.   |
| 2) I will make all close contact and the club aware if my child or anyone in the household contracts COVID-19. |
| 3) I am aware and will follow all government guidelines if my child or someone in the household shows symptoms |
|  |
|  |
| I understand all points raised above and will adhere to them - SIGN _____                                      |

Please inform us of any changes to this form ASAP.