



UNDY A.F.C.

# Medical Declaration

Player Full Name	Player D.O.B.	Team	Address

Emergency Contacts			
Primary Contact		Relationship	
Home Tel No		Mobile Tel No	
Secondary Contact		Relationship	
Home Tel No		Mobile Tel No	

Medical Details	
GP Name	
Medical Practice	
GP Tel No	
Details of any known special dietary requirement/allergy/disability/medical condition.	
Please provide a brief description of the effects of your disability or medical condition and any needs you may have.	
Any other special needs, requirements, or directions that would be helpful for the coaches to know about.	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_