

# Dundee Korfball Club

## PLAYER REGISTRATION FORM (ADULT)

### PLAYER DETAILS

Forename(s).....

Surname.....

Date of Birth.....

Address .....

.....Post Code .....

Telephone No(s).....

Email.....

Person to contact in emergency.....

Relationship..... Telephone No(s).....

### REGISTRATION & PUBLICITY CONSENT

**I give my permission for my details to be registered with the club's national governing body, the Scottish Korfball Association. YES / NO**

(If YES, please state your place of birth (town and/or county) here:-.....)

**I give permission for my name and photos to be used in promotional Korfball publications. YES / NO**

Signature.....Date.....

### MEDICAL INFORMATION (optional)

Are you allergic to any drugs? If so which ones?

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Do you suffer from any of the following? (*please tick*) Asthma.....Diabetes..... Epilepsy.....

Other (*please specify*).....

Do you have any allergies? .....

Are you on regular medication? If so what?

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Do you wear contact lenses? YES / NO

Any other relevant information .....

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