



# Ipswich Cardinals Personnel Record Card

Name:	
Address:	
Post Code:	
Home Tel:	Mobile No:
Email:	
Date of Birth:	
Doctor's name and address:	
Tel No:	
Existing Medical Conditions:	
Medications:	
Emergency Contact Details:	
Name:	Relationship:
Address:	
Tel No/s:	
<b><u>I declare that the information I have given on this form is correct and I give my permission for Ipswich Cardinals to contact any parties I have named.</u></b>	
Player Signature: _____ Date: _____	
<u>Office Use Only</u>	
Entered on Spreadsheet: ____/____/____	
Shirt Number from Ralph Alexander _____	