



# Ipswich Cardinals Junior Team 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: _____	
Photography / Filming Consent: Permission is given for Ipswich Cardinals to photograph / film the person listed on this form during Club activities for promotional / coaching purposes. Yes: <input type="checkbox"/> No: <input type="checkbox"/> (Parent / Guardian please tick the relevant box)	
<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>	
Parent / Guardian Signature: _____ Date: _____	
<u>Office Use Only</u> Entered on Spreadsheet: ____/____/____	
Shirt Number from Ralph Alexander _____	