



# National Training Player Details

(Over 18 Form)

PHOTO

*Please read all information carefully, completing all sections with the information required.*

PLAYER PERSONAL DETAILS							
Title		Surname					
Forenames				Preferred Name			
Date of Birth				<b>Male/Female</b>			
Address							
	Post code						
Home telephone number				Mobile Number			
Player contact email address							
Mother/Guardian(1) Name				Contact telephone Number			
Contact email							
Father/Guardian (2) Name				Contact telephone Number			
Contact email							
<p><b>Please circle contact(s) to be used to receive information</b></p> <p style="text-align: center;">Player      Mother/Guardian (1)      Father/Guardian (2)</p>							

Player Information							
Registered Club		NRHA Registration No.					
Previous Club (s)							
Age of player when first started to play Roller Hockey				<b>Goalkeeper / Outfield</b>			
Regular Roller Hockey Training Days (Please Circle)	S	M	T	W	T	F	S
Hours per day							

<b>Health</b>			
Doctors Name		National Health Number	
Doctors Address			
Post Code		Contact Number	
<b>IN THE CASE OF EMERGENCY WE WILL ALWAYS CONTACT THE PARENTS/GUARDIANS NAMED ABOVE. HOWEVER IN THE EVENT THAT WE ARE UNABLE TO ESTABLISH CONTACT PLEASE PROVIDE DETAILS OF TWO ADDITIONAL CONTACTS.</b>			
Name of Emergency Contact (1)		Telephone No	
Relationship to Player		Mobile No	
Name of Emergency Contact (2)		Telephone No	
Relationship to Player		Mobile No	
Do you suffer from any allergies?	Yes/No	Details of Allergies	
Is there any other medical information that you need to make us aware of?	Yes/No	Details	

<b>Safety</b>			
I agree to cooperate and conform to the directions and instructions of the National Coaching Director's staff. I understand that I need to protect myself by using the following safety equipment during training and games.			
<b><u>Outfield Players</u></b>			
<b>Mandatory:</b> Knee Pads, Gloves, Shin Pads and Box (boys).			
<b>Optional:</b> Gum shield, elbow pads			
<b><u>Goalkeepers</u></b>			
<b>Mandatory:</b> Leg Pads, Gloves, Chest Pad, Helmet, Box (Boys)			
<b>Optional:</b> Neck Guard, Elbow Pads, padded shorts			
Signature of Player		Date	
Please Print Name			

**Data Protection**

All personal addresses, telephone numbers and medical information will be held on the Coaching Directors National Training database. This information will not be released to any person who is not a member of the NRHA Board or a member of the National Coaching Director's structure.

**Emails**

**Email addresses given in personal contacts will be used in group emails and will be viewed by all other persons in the group email. If you would prefer not to have your usual email address known, please provide an alternative email address in the contact details above.**

This email will be used to provide you with all information regarding the NRHA development plan events, so please ensure this is updated when any change occurs.

**Changes to information provided**

Players are responsible for notifying the Coaching Director of any changes to the information on this form, including changes to health and medical provider. Changes should be emailed to [carlos6amaral@hotmail.com](mailto:carlos6amaral@hotmail.com) or notified in writing to the National Coaching Director's administrator at National Training.

**Insurance**

All players participating in training at National Training will be covered for accidents and personal injury, providing that they are registered with the NRHA

Player Signature		Date	
Print Name			

**Please return the completed form to Marisa Parfitt at 21 The Causeway, Soham, Ely, Cambs CB7 5BB or by hand at National Training.**

**FOR OFFICE USE ONLY:**

Session	
Development Project	
Comments	