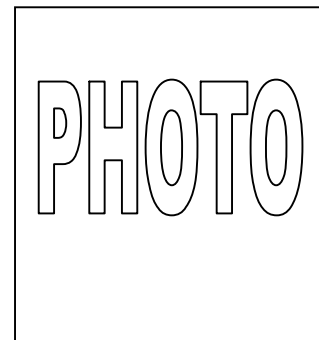




# National Training Player Details

(Under 18 Form)



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

<b>PLAYER PERSONAL DETAILS</b>					
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="margin-left: 100px;">Player      Mother/Guardian (1)      Father/Guardian (2)</p>					

<b>Player Information</b>							
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							

**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.

**Safety**

I agree to direct my child to cooperate and conform to the directions and instructions of the National Coaching Director's staff.

My child understands that they need to protect themselves by using the following safety equipment during training and games.

**Outfield Players**

**Mandatory:** Knee Pads, Gloves, Shin Pads and Box (boys).

**Optional:** Gum shield, elbow pads

**Goalkeepers**

**Mandatory:** Leg Pads, Gloves, Chest Pad, Helmet, Box (Boys)

**Optional:** Neck Guard, Elbow Pads, padded shorts

Signature of Parent/Guardian		Date	
Please Print Name			

**Photography/Videos**

One of the main aims of the National Roller Hockey Association is to raise the visibility of Roller Hockey in England. In order to achieve this it will be necessary to publish any events, training, games and trips abroad that your child may participate in as part of the NRHA Development Plan. In order to release any child's photos, video footage and comments, we need your written permission. To give your consent, please complete your name and your child's name and sign below.

I, .....(Name of Parent/Guardian) of  
.....(Child's Name)give my consent for the NRHA to use photos, videos and or /voice recordings that includes my son/daughter for the purpose of publicising and promoting Roller Hockey. I understand that the images or recordings may be publicised in newspapers or magazines, on the World Wide Web, or be broadcast on television or radio.

Parent/Guardian Signature		Date	
Please Print Name			

<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 Child				Mobile No	
Name of Emergency Contact (2)				Telephone No	
Relationship to Child				Mobile No	
Does your child/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>In the case of minor injury or illness I agree that the NRHA staff can apply the following treatments to my child.</b>					
Ice Pack	<b>Yes/No</b>	Strapping	<b>Yes/No</b>	Blister prevention gel plaster	<b>Yes/No</b>
Calpol	<b>Yes/No</b>	Adhesive Plaster	<b>Yes/No</b>	Freeze spray	<b>Yes/No</b>
Friction Burn Prevention cream	<b>Yes/No</b>	Antiseptic	<b>Yes/No</b>	Heat spray	<b>Yes/No</b>
Steri - Strips	<b>Yes/No</b>	Bandage/wound dressing	<b>Yes/No</b>	Saline solution For eye irritation	<b>Yes/No</b>
Signature of Parent/Guardian				Date	
Please Print Name					

**Changes to information provided**

Parents/Guardians 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			

Parent/Guardian 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	