



Kew Park Rangers

2005-2006 Registration Form

Player's name

KPR Team (U6, U7 etc.)

Date of birth/...../.....

School and school year

Any **medical** issue we should be aware of

Parents' (or guardian) names

Parent's weekend tel. no.

Parent's mobile(s) tel. no.

Parent's e-mail address(es)

Address

.....

By completing this form, the parent (or guardian) agrees to their son/daughter receiving emergency medical treatment (which may include medication, anaesthetic or blood transfusion) as considered necessary by the medical authorities present.

Unless the club is advised in writing (e-mail), the parent (or guardian) agrees to photos of their son/daughter being published, un-named, on the club website.

For further information please visit the Cub's website at www.kewparkrangers.co.uk where you can find news bulletins, results, fixtures and members guides