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| --- |
| To be completed and signed by child’s parents mansfield town badge.jpg |

BABY STAGS

Baby Stags Profile Form

Please complete the form fully and clearly.

Please submit the form back to the club as soon as possible to the below e-mail addresses:

|  |  |
| --- | --- |
| Name (child) |  |
| Phone | Home |  |
| Mobile |  |
| E-mail address of parents |  |
| Date of birth |  | Age |  |
| Full address(including postcode) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Photo consent agreement |  | Parents’ signature |  |

|  |
| --- |
| Medical information: |
| Any known medical conditions |
|  |
| Any medical needs |
|  |
| Any history of injury |
|  |

|  |
| --- |
| Signed or printed by parent/guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_ |