



Bledlow Village Cricket Club Senior Membership Medical Form

To be completed by Player

If there is no information required for a section please put a line through it

*Name of Player: _____

*Family Doctors Name: _____ *Phone: _____

Doctor's Address:- _____

Are there any disabilities or special needs we need to know about?

Are you on any current medication e.g antibiotics etc?

Are there any on-going medical conditions such as asthma or allergies that require medication?

Any special dietary needs?

All information will be kept confidential. We cannot accept responsibility for any information not declared.

I declare this information is correct

***Print Name:** _____ ***Signature:** _____

* Required Field