

Age Group : Girls / Boys Under

Players name _____ Date of birth _____

Home Address _____

Postcode _____ Home tel _____

Mobile tel (1) _____ Mobile tel (2) _____

Email address _____

Parent /Guardian Name / Occupation _____

Parent /Guardian Name / Occupation _____

School _____

Will your child be able to play on Sunday mornings if selected? Yes / No

Will you be available to help occasionally on match days by being the linesman or assisting with the nets ? Yes / No

Medical Information

Does your child suffer from any medical conditions? Yes / No

If yes please give details _____

Does your child suffer from any allergies? Yes / No

If yes please give details _____

Is your child sensitive to plasters or 'elastoplast' Yes / No

Please insert name in the sections below or clearly delete if you don't give consent.

I, _____, give consent for my child to receive first aid treatment from the team coaches should he/she require it during a game.

I, _____, authorise the coach to sign on my behalf any written form of consent required by hospital authorities should treatment be deemed necessary and provided that the delay to obtain my signature be considered, in the opinion of the Doctor or Surgeon concerned, likely to endanger my child's health and safety.

Website and Photograph Consent

I have read the letter about taking children's photographs and the use of children's photographs on the website.

Please delete the sentences below which do not apply.

I give permission for my child's photograph, without names, to be used on the website.

I do not give permission for my child's photograph to be used on the website.

I give permission for my child's photograph to be taken during training or matches by a club official or other parent.

I do not give permission for my child's photograph to be taken during training or matches by a club official or other parent.

I confirm the information supplied above is accurate.

Signed _____

Date _____

Club Secretary / Chairman Signature _____