



## **Consent Form (to return)**

Please complete in capital letters

### **PLAYER CONTACT DETAILS**

Full Name: ..... FA Number.....

Home Address: .....

.....

..... Postcode: .....

Date of Birth: ..... Age Group: .....

School: .....

Players number (U14 – U16): .....

### **MEDICAL DETAILS**

Does the player have any allergies and/or medical condition: YES / NO

If YES please state:

.....

.....

.....

### **PARENT/GUARDIAN CONTACT DETAILS**

Full Name: ..... FA Number.....

Parent/Guardian contact number: .....

Relationship to player: .....

Other contact number: .....

Name (and relation to player): .....

### **IMAGE RIGHTS:**

Please note that photos and videos of your child may be taken during the season for club promotional use.

### **Club Welfare/Policies**

Please ensure you read all club welfare/policies (available on club website):

- Club Policies and Fee
- Child Welfare
- Code of Conduct
- Data Protection
- Social Media
- Academy Scout

By completing and signing this form, I have read and understand what is expected of my child. I also understand that football is a contact sport and through no negligence of staffs and/or other players, injuries can occur.

Guardian/Parent Signature: .....

By signing this form, I understand what is expected of me as a player.

Player Signature (U10 – U16): .....