



# Consent Form (to be return)

Please complete in capital letters

## PLAYER CONTACT DETAILS

Full Name: .....

Home Address: .....

.....

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

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

School: .....

It is parent/s responsibility to notification us if address changes.

## MEDICAL DETAILS

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

If YES please state:

.....

.....

.....

It is parent/s responsibility to notification us in the event of any medical changes.

## PARENT/GUARDIAN CONTACT DETAILS

Full Name: .....

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 sessions for club promotional use.

## PROMORIONAL TEXT

Please note promotional texts are sent to parent/guardian to inform of FUN Soccer School services.

By completing and signing this form, I can confirm my child(ren) has not shown any symptoms of a cold or any virus. I also understand that football is a contact sport and through no negligence of staffs and/or other players, injuries can occur and unknown virus can be passed on.

Guardian/Parent Signature: .....