



PLAYER INFORMATION & CONSENT FORM

Details on this form will be held securely and only shared with essential personnel to ensure player welfare and to enable them to meet the specific needs of your child.

We all have a responsibility to ensure that everyone involved in football finds it to be a fun, safe and positive experience.

Name of player:

D.O.B:

Address:

Gender: M / F

Name of parent/guardian

Tel no of parent/guardian:

Parent/guardian email address:

Mobile no of parent/guardian:

Name of alternative emergency contact & their relationship to player:

Tel no of alternative contact:

Are there any activities which your child cannot participate in?

Yes / No (if yes, please provide details)

Does your child have any medical conditions requiring treatment?

Yes / No (if yes, please provide details)

Does your child have any allergies?

Yes / No (if yes, please provide details)

Please provide details of any medication required:

Does your child have any special dietary requirements?

Yes / No (if yes, please provide details)

Consent information- please tick the box below:

- I give my consent that if an emergency medical situation arises, the organisation/club may act as loco parentis. If the need arises for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances that all reasonable steps are made.

Name: _____ **Signed:** _____ **Date:** _____