*TO BE* ***FULLY*** *COMPLETED IN BLOCK CAPITALS OR ELECTRONICALLY*

**Player Details AGE GROUP UNDER\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Surname |  |
| First Names |  |
| Date of Birth | Day | Month | Year |
| Home Address |  |
|  |  |
|  |
|  |
| Postcode |  |
| Home Tel No. |  |

**Parent/Guardian and Emergency Contact Details**

|  |  |  |
| --- | --- | --- |
|  | 1 | 2 |
| Surname |  |  |
| First Names |  |  |
| Address  |  |  |
|  |  |  |
|  |  |
|  |  |
| Postcode |  |  |
| Home Tel No. |  |  |
| Mobile Tel No. |  |  |
| E-mail Address |  |  |

**Medical Information about Your Child**

Please identify here any conditions requiring medical treatment, including medication? If none please enter “NONE”\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please outline any special dietary requirements of your child. If none please enter “NONE”\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please identify the type of pain/flu relief medication you child may be given, if necessary. If none please enter “NONE”.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Family Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Details**

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Head Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration**

I agree that my son / daughter has read, understood (or has had explained) and will fully abide by the Intersports Code of Conduct the FA RESPECT programme.

I agree that I will abide by the Clubs Spectators, Parents and Carers Code of Conduct and the FA RESPECT programme. I confirm I will ensure that any visitors I bring to training or matches will be advised of these codes of conduct and I will be responsible for their behaviour.

I agree to my son / daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I agree to my contact details being utilised for any team / club communications.

I understand the extent and limitations of the 3rd party insurance cover provided and that this does not cover personal injury.

I agree that in the event of our leaving the Club for any reason all outstanding monies owed will be paid promptly and all kit returned to the Club

In pursuit of club objectives, photographs of your child may be taken by Managers, Club officers or appointed photographers. If you have any objections to your child’s participation in such photography please enter “NO” here \_\_\_\_\_\_\_

|  |
| --- |
| Player Signature: |
|  |
| Parent/Guardian Signature:  |
|  |
| Date: |
|  |
| Parent/Guardian Full Name (BLOCK CAPITALS): |
|  |