



Player Details

Name :	Address :
Date of Birth :	
Team :	
School :	Post Code :

Parent / Guardian Contact Details – Emergency & Team Communications

Name :	Mobile No :
Relationship to Player :	Home No :
Email :	Work No :

Parent / Guardian Contact Details – Emergency & Team Communications

Name :	Mobile No :
Relationship to Player :	Home No :
Email :	Work No :

List below any special care needs, dietary requirements, allergies or medical conditions

Description :

Parent / Guardian Declaration

By signing and returning this form:

- I agree to my child taking part in activities organised by the club.
- My child has agreed to follow the club’s code of conduct.
- As a parent / guardian I have agreed to follow the club’s code of conduct.
- To my knowledge, my child has no special care needs, dietary requirements, allergies or medical conditions that could affect their safety at the club other than those declared on this form.
- I understand that in the event of an injury, illness or other medical need, all reasonable steps will be taken to contact me and to deal with the situation appropriately.
- I understand the extent and limitations of the insurance cover provided.
- I acknowledge that the club may take and display photographs of my child on the club notice board or website.
- I declare that the above information is correct and I understand that I must inform the club of any changes to the information provided on this form.

The Football Association NSPCC
 Child Protection 24 Hour
 Helpline 0808 800 5000

Signed

Date.....

Print Name.....