

Friday Night Football Registration and Parental Consent Form

This form is to be completed and signed by a parent/carer for all participants under 18 years old.

PERSONAL DETAILS

First Name: _____ Last Name: _____

Date of Birth: _____

Address: _____

Post Code: _____

Gender: Male Female

Please give details of any medical conditions and/or medication taken:

Do you have a disability: Yes No If yes please inform us of the nature of the disability and any support required: _____

Emergency Name: _____

Emergency Telephone Number: _____

In the past week, how many days has your child engaged in at least 30 minutes of physical activity (please circle): 0 1 2 3 4 5 6 7

TERMS AND CONDITIONS (PLEASE READ CAREFULLY)

- I acknowledge that all participants will be responsible for making their own way to and from the playing venue.
- If any emergency medical treatment becomes necessary, I authorise the coach to act as required, including signing a consent form on my behalf if needed by the medical authorities.
- I acknowledge that the Friday Night Football staff are responsible for participants only whilst they are attending the session. They are free to come and go as they please during the sessions and staff cannot be held responsible for their welfare once they have left the site.
- I acknowledge and accept that Friday Night Football staff and volunteers shall not have any liability in respect of any loss or damage to persons or property whilst in attendance of Friday night Football activities.
- Behaviour towards others (peers and coaches) must be co-operative and respectful at all times.
- We may take photos of sessions for publicity and promotional purposes. If you do not wish for your child's photograph to be taken please tick here

I _____ (Parent / Carer's full Name)
confirm I have read and agree to the terms and conditions above, and agree to my son/ daughter named taking part in Friday night Football.

Signature _____ Date _____

PLEASE REMEMBER TO BRING YOUR £1.00 TO EACH SESSION

