

PARENT/GUARDIAN/CARER CONSENT FORM

All coaching sessions are run under the guidance of coaches qualified to the appropriate Football association (English FA) Please complete the following, sign and return:

Name of Child Date of Birth
.....

Parent/ Guardian / Carer
.....

Address:
.....

Postcode

Tel (day): Tel (evening):.....

Mobile:

e-mail:

Family Doctor Doctor's Tel No:

Does your child suffer from any medical conditions/allergies that the club/ coach should be aware of (including any current medication)
.....

Please provide details of medication that must be administered:
.....

Emergency contact details (If different from above)

Name: Telephone no:

Relationship to child:

CONSENT (please read carefully)

- a) I agree to my son/ daughter taking part in the activities provided by SJ Football Coaching.
- b) I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.

Images

At times SJ Football Coaching may wish to take photos or videos of the coaching sessions and the individuals in it. We adhere to FA Guidelines to ensure these are safe and respectful and used solely for the purposes they are intended for, which is promotion and celebration of the activities undertaken during training sessions.

Please indicate if this is acceptable to you:

Safety

All children undertaking any football coaching should be advised to wear appropriate clothing, footwear and shin guards. Any child attending the football coaching sessions deemed not to be wearing suitable equipment may not be permitted to take part. SJ Football Coaching will provide all other equipment. By completing this form, you consent for our staff to perform first aid on your child if required.

Signed (Parent/ Guardian/Carer)

Date:

