

Parent/Guardian Consent Form

Name of Club

Player's Details

Name:	Address:
DOB:	Post Code:
Contact Number:	Email:

Emergency Contact Details

1.	Name:	Contact Number:
2.	Name:	Contact Number:

Medical Information

Please provide any details of medical conditions the player has:
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Parental Consent

By returning this completed form I agree to the child named above taking part in the normal activities of the club. I have read the Code of Conduct for both players and parents/guardians and agree to abide by those whilst in the care of the club and I understand that any serious or continued breach of these codes may result in my child being expelled from the club.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Photography

From time to time the club may wish to take pictures for promotional use in local, regional or national media to promote the work of the club. Any photographs taken will be used solely for promotional purposes. Please sign below to indicate your agreement for pictures to be taken for the above reasons.

Parent/Guardian Name: _____

Signature: _____ Date: _____