



Parental Consent Form

Season 2014-15

I desire to be registered for				F.C.	
Players Surname			First Name(s)		
Date of Birth			For address details please see Form SF2		
Contact Numbers	Home			Mobile	
Please Name Other Clubs You Represent					
Academy			School		
Saturday			Other		
Medical Details	Please indicate any medical conditions we should be aware of (eg. Asthma)				
Parent/Guardian Details		Home Number			
		Mobile Number			
First Name			Surname		
				Relationship	
In the event that the above cannot be reached, please give two extra emergency contact names and numbers in the box below					
Name			Relationship		Tel No
Name			Relationship		Tel No
Parental Consent					
<p>1. <input type="checkbox"/> In the event that my child is injured while playing/travelling to and from football events and I cannot be contacted on the above number, I give my consent for my child to receive medical attention.</p> <p>2. <input type="checkbox"/> I consent to the possible use of my son's image being used by the club/league for its web site or publications. (please tick as applicable)</p>					
Signed			Print		
Signed			Print		
On behalf of			F. C.	Club Secretary	

Please return completed form to:

Andy Duckmanton, 101 Marsh Lane, Farndon, Newark, Notts NG24 4TA

It is the responsibility of the Club Secretary to keep a copy of this form for their records