



# Parental Consent Form

Season 2010-11

I desire to be registered for		F.C.
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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	

<b>Medical Details</b>	Please indicate any medical conditions we should be aware of (eg. Asthma)

<b>Parent/Guardian Details</b>	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		Date	

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