

Flitwick Lower United F.C.

Registration and Consent form 2018 – 2019 Season

Players Details

Name:	Year Group & Class
Address:	
E-Mail:	Tel No:

Emergency contact details of Parents/Guardians (3 contacts must be provided including 1 non parent/guardian)

Name	Contact Number

Medical Information

Doctors Name:	Tel No:
Surgery:	
Details of allergies / existing illness / prescribed medication: <small>It is the parent / guardians responsibility to advise the welfare officer if these details change.</small>	
<small>Please note, it is the parents/guardians responsibility to ensure any required medication is available at pitch side on training/match days and that a responsible adult is in attendance to administer if required.</small>	

Consent for Photographs to be taken

At times during the season it is possible that photographs may be taken for use by the school or individuals for competitions and events and other appropriate reasons. Please check the statement below and delete* as appropriate.

I am *willing/not willing to let photographs be taken of my child

Parental Consent

In the event that my son/daughter is injured while playing football/travelling to and from football events and I cannot be contacted on the above number I hereby give my consent for my child to receive medical attention.

Signed Date

Players Declaration

I agree to abide by the School Football Club rules / policies and Respect Code of Conduct during all training / competitions or events the club participates in. **A copy is available on request.**

Players signature Date

Parents Declaration

I agree to abide by the School Football Club rules / policies and Respect Code of Conduct during all training / competitions or events the club participates in. **A copy is available on request.**

Parents signature Date