

# NEWTON AYCLIFFE YOUTH CENTRE FOOTBALL CLUB

## PARENTAL CONSENT FOR FOOTBALL ACTIVITIES

### 1. Details of football activity:

I agree to (Name) \_\_\_\_\_ 's participation in the activities described.  
I acknowledge the need for (Name) \_\_\_\_\_ to behave responsibly.

### 2. Medical Information about your child:

a) Any conditions requiring medical treatment, including medication?

YES / NO If YES please give brief details:

b) Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary.

c) Is your son/daughter allergic to any medication?

YES / NO If YES please give brief details below:

d) When did your son/daughter last have a tetanus injection?

Date: \_\_\_\_\_

**I will inform the person in charge as soon as possible of any changes in the medical or other circumstances between now and the commencement of the activity.**

### 3. Declaration

**I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.**

Emergency contact: \_\_\_\_\_

Contact telephone numbers (*inc national codes*) \_\_\_\_\_

Work: \_\_\_\_\_ Work Mobile: \_\_\_\_\_

Home: \_\_\_\_\_ Home Mobile: \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name (*Capitals*): \_\_\_\_\_

**THIS FORM OR A COPY MUST BE TAKEN BY THE PERSON IN CHARGE TO THE ACTIVITY.**

**THE SECRETARY OF THE ORGANISATION SHOULD RETAIN A COPY.**

# NEWTON AYCLIFFE YOUTH CENTRE FOOTBALL CLUB

## MEMBERSHIP REGISTRATION FORM

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone no \_\_\_\_\_

Preferred Foot Right  Left

Goalkeeper  Defender  Midfield  Forward

### Medical Details

*Please indicate if you have any medical conditions we should be aware of e.g. Asthma.*

\_\_\_\_\_

### Emergency Parent/Carer Details

Status (Please Tick) Mr  Mrs  Ms  Other

First name \_\_\_\_\_ Surname \_\_\_\_\_

### Emergency telephone number:

Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

### Parental Consent

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

**I agree to be bound by and to observe the Club Rules of NAYCFC and The Rules and Regulations of the Football Association Limited and County Football Association, and all Competitions in which the Club participates. I consent to disclosure by County Football Association.**

Signed \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_