

This form is to be completed by the parent or legal carer of the child. It is the parent or Legal carer's responsibility to inform the club of any changes.

## Burntwood Dragons and Phoenix Football club

### Contact Details



#### Members Details:

Surname \_\_\_\_\_ Ethnicity \_\_\_\_\_  
First Name \_\_\_\_\_ Male/Female \_\_\_\_\_  
Second Name \_\_\_\_\_ School attended \_\_\_\_\_  
DOB DD/MM/YYYY \_\_\_\_\_ Parents mobile number \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone number \_\_\_\_\_  
Town/city \_\_\_\_\_ Email address \_\_\_\_\_  
Postcode \_\_\_\_\_

**Emergency contact details:** Please provide two people who we can contact in case of emergency.

#### Contact One

#### Contact Two

Parent or Carer Name: \_\_\_\_\_ Parent or Carer name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Contact Address: \_\_\_\_\_ Contact Address: \_\_\_\_\_

#### MEMBERS MEDICAL INFORMATION:

Does your Child have any known health needs? E.g. Diabetes, asthma, epilepsy, allergies, and other health condition.

Yes/No If yes, please complete the section below

Does your Child have any Allergies to Medicines? If yes, please Specify.

Name of medication: \_\_\_\_\_

Dose and Frequency: \_\_\_\_\_

What does the Club need to do to help keep your child well e.g. administer planned medication/call ambulance/give snacks? **Please be specific.**

Do club members need any medical training other then First Aid to care for your child? **If yes, please Specify.**

Doctors Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number \_\_\_\_\_

**SECTION D DECLARATION AND CONSENT: To be signed by parent/carer for members under 18**

1. I Consent for my child to take part in organised outings provided by the club, and to be transported to and from an activity if I am unavailable. Members will take reasonable care, but they cannot be held responsible for any loss, damage or injury suffered.
2. I give permission for the coach/team manager to authorise competent medical authorities to undertake medical or surgical treatment to my child, should delay of my consent be contrary to my child's interest.
4. I consent to the use of personal information (above) for the purposes and on the terms set out in the club's Data Protection Policy. See club website.
5. I consent to the use of photographs of me/my child been used on the club website, notice board and for advertising you will be deemed to have consented by signing form. You can withdraw at any time by informing the secretary in writing.

**Parental Consent**

I give Consent for my son/daughter to participate in BURNTWOOD DRAGONS AND PHOENIX FOOTBALL CLUB's events and agree to the conditions outlined above. I accept that it is my responsibility to inform the club directly of any changes to the details recorded on this form.

Signed (parent/Legal carer):

Please Print Name:

Date:

**Player's Consent**

If you are under 11 years of age, sign section A

If you are over 11 years of age, sign section B

**Section A**

I will take part in **BURNTWOOD DRAGONS AND PHOENIX FOOTBALL CLUB'S** activities and will stick to club rules.

I will tell coach or another person if I do not feel well or if I have any worries.

Signed (player):

Please print name:

Date:

**Section B**

I agree to participate in **BURNTWOOD DRAGONS AND PHOENIX FOOTBALL CLUB'S** events as detailed above and agree to adhere to guidelines and or code of conducts that may be issued in the interest of my own safety,

Signed (player):

Please print name:

Date: