

Fishbourne Romans Community Football Parental Consent Form



1) Participant/Child

Child's first name: _____ Child's Surname: _____

Date of Birth: _____ Age (on 01/09/18): _____

2) Parent/Guardian Details

Name: _____

Address: _____

Postcode: _____

Contact Telephone (during football sessions) _____

(Home): _____

(Mobile): _____

Email address: _____

Doctor's Name, Surgery Address & Telephone No: _____

3) Please provide information relating to any medication, condition or allergy that your child may have and which we need to be aware of (and please advise the coach at the start of each session):

4) Consent Statement

- When my child attends a Fishbourne Romans football coaching session, he/she will be in good health and I consider him/her capable of taking part.
- I have completed the medical details above and consent that in an emergency, any medical treatment necessary can be administered to my child, which could include anaesthetics.
- He/she will wear appropriate clothing & other protection (e.g. hat, sunscreen) to suit the weather conditions.
Wearing of shin pads is compulsory.
- I understand that while the coaches will take every reasonable precaution to ensure accidents do not happen, they cannot be held responsible for any loss, damage or injury suffered by my child.
- Fishbourne Romans is a community football club and the coaches are all volunteers. Fishbourne Romans FC accepts no liability for damage, injury to persons, loss or damage of property.
- During the session hours of 09:30 to 11:00 (& tournament days, times to be advised by separate notice), I will provide a duty of care to ensure the safety and welfare of my child/children when in attendance.
- However, if at any time, my child decides to leave the area where coaching is taking place, I confirm that the coaches will no longer be responsible for my child's welfare.
- Photos may be taken occasionally (These may be used on the club's Facebook Page and Website)
- By signing this form you are giving us permission to store confidential information in a secure method.

Parents/Guardians must remain on onsite and take full responsibility for their children and for the actions of their children during coaching sessions.

I hereby give permission for my son/daughter/ward to take part in the football coaching sessions at Fishbourne Playing Fields.

Parent/Guardian's Name: _____
(block capitals please)

Parent/Guardian's Signature: _____ Date: _____