

BLUNHAM YOUTH FOOTBALL CLUB

Established: 2013

Membership & Parental Consent Form --- Season 2017/18

Section 1 - Player Details

Full name of Player _____ D.O.B _____

Home address _____

_____ Postcode _____

Email Address _____

Home No: _____

Mobile No _____

Do you have any skills you can offer the club to assist in its operation?

Secretarial / Web Design / General Organisation / Other

Section 2 - Declaration Statement:

- a) *I, as Parent/Guardian, agree to the above named player being registered with Blunham Youth Football Club. I understand that the player is not permitted to belong to and/or play for another football club in the same league whilst registered as a player with Blunham Youth Football Club.*
- b) *I also agree to be bound by and observe the Club's Rules, the Rules and Regulations of The Football Association, the Parent County Football Association, and all of the League and Cup Competitions in which Blunham Youth Football Club Participates.*
- c) *I also consent to the membership information on this form being passed to the County Football Association, if requested to do so.*
- d) *I give consent for the player named above to take part in any of the following football activities: Indoor and Outdoor Training sessions; Pre-season team or League selection trials; Pre-season and/or during the season friendly games and all League and/or League Representative football games during the Football season **1st July 2017 to 31st May 2018.***
- e) ***I acknowledge the need for him/her to abide by the Player's Code of Conduct (to be read)***
- f) ***I, and all family members and friends will abide by the Parents / Spectator's Code of Conduct and the official RESPECT campaign which Blunham Youth Football Club has agreed to abide by.***
- g) *I agree to inform the Team Manager before any activity starts of any changes in his medical condition during the season.*
- h) *I agree to my child 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.*
- i) *I agree to pay for all fees and fines that my son incurs due to being booked or sent-off whilst playing for a Blunham Youth Football Club, team.*
- j) *I agree to my child being photographed for Blunham youth Football Club and for them to use the image in local press, and any publication's by the leagues the football club are entered and playing in during the above named season. Also the images maybe used on BYFC's social media sites, which are controlled by executive committee members.*

Signitures: Player _____

Parent/Carer _____

A copy of this form will be taken by the Team Manager to each football activity, and should there be an accident, it will be shown, given to the emergency service representative. The original of this form will be retained by the Club Welfare Officer (Richard Westhead) of Blunham Youth Football Club.

All sections must be completed.

Section 3 - Medical Information

Players name: _____

Squad: U 's

a. Does your son have any conditions requiring medical treatment? **Yes/No**

b. Is he taking any regular medication? **Yes/No**

If YES, please give details: i.e. Asthma, Allergies [Nuts - use & location of 'ephy pen'] etc.

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

d. Is your son allergic to any medication? **Yes/No**

If YES, please specify: _____

Section 4 - Emergency Contact Details

In the event that my child is injured or requires urgent medical treatment, whilst playing football/training/travelling too an event and I cannot be contacted through any of the above numbers given, I hereby give my consent for my child to be treated. In the event of an ambulance being unavailable, I give my consent for my child to be transported to the nearest hospital in order to receive medical treatment.

1st Emergency contact: _____
Contact telephone numbers (please ensure area codes are included)
Work _____ Work Mobile _____
Home _____ Home Mobile _____

2nd Emergency contact: _____
Contact telephone numbers (please ensure area codes are included)
Work _____ Work Mobile _____
Home _____ Home Mobile _____