

Woodchurch Juniors Football Club

Medical and Parental Consent Form

Please complete this Under 18's Medical and Parental consent form and ensure that it is handed in before the start of the season. No player will be able to participate without a completed form.

Name of Child:		Woodchurch Junior FC Team Name:
Date of Birth:	Gender: =	Home Address:
Emergency Contact Name:		Postcode:
Emergency Contact Number:		Parent/Carer email for Correspondence:
Relationship to Child:		
Does your child have any medical conditions? (Please delete or circle)		
If 'Yes' please give details. Please state if your child takes any prescribed medication that the club needs to be aware of.		
Does your child have any disability or learning needs? (Please delete or circle)		
If 'Yes' please give details and indicate any requirements.		
Please add any other relevant information we need to know about your child.		

The use of photographs/videos

(Please delete or circle)

I give consent for Woodchurch Juniors FA to use imagery - photographs and visual recordings - of the above named child as a participant in football training sessions and on matchday on their club website/social media platforms.

Parent signature:

Print name:

Date:

Code of Conduct

I confirm that the named child and I have read and agree to abide by the Code of Conduct set out by Woodchurch Juniors FC.

Parent signature:

Print name:

Date: