



Parental Consent Form Season 2014/15

I agree to
taking part in football training and matches during the above season.

Age Date of Birth

Medical Information about your son/daughter.

(a) Any condition requiring medical treatment, including medication? YES/NO
If YES please give brief details:

(b) Is your son/daughter allergic to any medication? YES/NO
If YES, please specify:

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

I will inform Twyford Comets as soon as possible of any changes in the medical or other
circumstances during the course of the season.

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 may be considered
necessary by the medical authorities present. I understand the extent and limitations of
insurance cover provided. I also understand that from time to time, photographs of games
may be taken for local press and club use and agree to the release of these images which may
include my child/children.

Club Kit - All players will be supplied a team kit by the club. This kit is loaned by the club to
the child and must be returned as and when requested or if the player should leave the club.

e-mail address

Contact telephone numbers:

Work..... Home.....Mobile.....

Home Address

Name of family doctorTelephone No.....

Address

Signed:Date

Full Name (Please Print)

Parent/Guardian please delete as appropriate