



**Bishop Auckland St Mary's Juniors Football Club
Registration & Parental Consent Form 2016/17**

Players Name:			
Home Address:			
		Postcode:	
Home Telephone Number:			
Date of Birth:		School Attending:	
E-mail Address:			
Medical Details: Does he/she have any medical conditions we should be aware of? (E.g. asthma, dietary requirements, allergies etc:			
Emergency Parent/carer details: Contact Name & Number (include a mobile wherever possible)			
In the event that the above person cannot be reached, please give one extra contact name and number			
Parent Consent: In the event that my son/daughter is injured while playing football or travelling to and from football events, and I cannot be contacted on the above numbers, I hereby DO/DO NOT give consent for my child to receive medical attention.*			
I also hereby DO/DO NOT give consent for photographs of my son/daughter to be taken at arranged training sessions or football matches and used at the club's discretion including the club's website			
I also hereby DO/DO NOT give consent for my son/daughter to travel on the club's mini-bus, or other forms of transport arranged by the club			
Signature of parent/carer:			
Print Name:		Date:	

