



Player Participation Consent Form

Player participation consent enables the below person to participate in age appropriate training sessions as agreed with the coach.

The first two introductory session are free. Thereafter a £2.50 participation fee is charged per session.

Player Name:			
Date of Birth:		Age:	
Parent/Guardian Name:			
Home Address:			
Mobile & Home Number:			
Email Address:			
2nd Contact Name / Number:			

Please provide details of any medical conditions that the coaches should be aware of:

--

Note: Players must have any required medication with them at all MWJFC matches / activities.

Although, MWJFC coaches are FA Emergency 1st Aid trained, they are not responsible for the administration of required medication for your child. I consent for first aid treatment to be administered to the named player in my absence.

Tick if NO medical conditions apply

At times images and/or video recordings of teams, squads, players, and/or Managers/Coaches with players may be taken. We adhere to THE FA Guidelines to ensure these are safe and respectful and used solely for the purposes for which they are intended, which is promotion and celebration of the activities of MWFC.

Tick if you consent to the above

I, the parent / guardian , consent to the above person participating in contact football activities. I and the above person will at all times abide by the rules and codes of conduct as laid down by the club. I understand that failure to do so may result in the above person being withdrawn from future football activities.

Parent / Guardian Name:		Date:	
Signed:			