

Parental Consent form

THIS FORM OR A COPY MUST BE TAKEN BY THE PERSON IN CHARGE, TO THE ACTIVITY.

THE CLUB SECRETARY SHOULD RETAIN A COPY.

(1) Details of football activity (Date/Time)

Training _____

Match Days _____

I agree to (player's full name) _____ participation in the

activities described. I acknowledge the need for _____ to behave responsibly; I also as parent/guardian acknowledge the responsibility I have during these activities.

(3) Images

At times the Club may wish to take photos or videos of the team or individuals in it. 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 the Club and for training purposes.

Please indicate if this is acceptable to you YES NO

(2) Medical information about your child

A. Any serious medical conditions? YES NO

If YES, please give brief details _____

B. Any conditions 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 give brief details _____

I will inform the manager or coach in charge as soon as possible of any changes I the medical or other circumstances between now and the commencement of the activities.

(4). 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 considered necessary by the medical authorities present.

Signed: _____

I understand the extent and limitations of the insurance cover provided.

Emergency contact (name)

Emergency contact telephone numbers (including national code)

Home _____

Mobile _____

Home Address - _____

Post code _____

Alternative emergency contact (name)

Alternative emergency contact telephone numbers (including national code)

Home _____

Mobile _____

Home Address - _____

Post code _____

Name of family Doctor

Doctor's telephone number _____

Address _____

Post code _____

Signed (parent / guardian) _____

Date _____

Full name (capitals) _____

Membership 2010/2011

Preston Pirates Junior Football Club wish to welcome new and existing members to our club for the forthcoming year;

Types of membership.

Joint player/adult membership is available on payment of £10.00 signing-on fee, which entitles a player plus one nominated parent/guardian to membership for one year.

The fee must be paid in full before a player is eligible to play for the club and is used, in part, to purchase the required insurance cover, training equipment, kits, training

Adult membership is available for any adult over the age of 18 years; this entitles the member to attend committee meetings and club events.

Applicants for membership of the club should complete the enrolment form and return it, with the appropriate fee(s) to the team Manager or Club secretary.

Pease tick the appropriate box

Application for player/adult membership £10.00

Enrolment 2009/2010

Players Name _____ Team Age Group _____

Date of Birth _____

Parent /Guardian (Mr/Mrs/Ms) _____

Address _____

Post Code _____

Tel: _____

Mobile: _____

E-mail: _____

School _____

Player's signature _____ Date _____

Parent/guardian signature _____ Date _____

Managers Name _____

Manager's signature _____ Date _____

Preston Pirates Football Club



Parental Consent & Club Membership Form *2010-2011*

www.prestonpiratesfc.com