**HURST FC**

**PLAYERS REGISTRATION AND CONSENT FORM**

NAME OF PLAYER –

PLAYERS DATE OF BIRTH -

COUNTRY OF BIRTH -

NAME OF PARENT/GURDIAN -

PARENT DATE OF BIRTH

PARENT EMAIL -

PARENTS CONTACT NUMBER -

SCHOOL AND YEAR GROUP

HOME ADDRESS

**DECLARATION**

I acknowledge membership for my child and myself and declare that the information given here is correct. By signing this form, I agree to the following rules whilst my child continues to play football for HURST FC

1. My child and I comply with the rules laid out by the Club. (available on the club website), the rules of any league, cup or other competition in which my child takes part and the rules of the FA as appropriate to the age group.
2. My child and I will abide by the clubs’ codes of conduct and rules (available on the club’s website) when attending matches and training sessions and I will encourage other spectators to do the same.
3. I understand that any serious breach of the club rules or conduct may result in disciplinary action as laid out in the club’s codes of conduct.
4. In event of an injury where I am not present I agree to my son/daughter receiving any emergency treatment as considered necessary by the medical authorities present.
5. As part of our commitment to ensuring the safety of all young people within our care, we will not permit photographs, videos or other images of young people to be taken or used with the prior consent of the parents/guardians. We will follow the guidance of the FA for the use of images of children and young people and will take all the necessary steps to ensure that these images are solely for the purpose for which they are intended i.e. the celebration and promotion of the activities of HURST FC and its members. I understand, give consent to photography or videoing the named above according to the rules outlined.
6. I accept the Club’s privacy and Data policy (available on the website) and agree to receiving information from the club regarding club news, activities and events.
7. Kits are supplied by Hurst Fc and **MUST** be returned when leaving the club.

Signature: Parent/Guardian -

*Notes – This form must be fully completed manually or electronically and emailed or handed back to the appropriate team contact*

*Electronic signatures are accepted, copies of all the club’s documents can be obtained on the club’s website.*

**HURST FC**

**EMERGENCY CONTACT AND MEDICAL INFORMATION FORM**

NAME OF PLAYER –

DATE OF BIRTH -

NAMES OF EMERGENCY CONTACTS -

 1

 2

EMERGECNY TELEPHONE NUMBERS -

 1

 2

NAME OF GP PRACTICE -

AND ADDRESS

DOES YOU CHILD SUFFER FROM ANY OF THE FOLLOWING-

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | OTHER DETAILS |
| EPILEPSY | YES | NO |  |
| DIABETES | YES | NO |  |
| ASTHMA | YES | NO |  |
| BLACKOUTS | YES | NO |  |
| HAEMOPHILIA | YES | NO |  |

HAS YOUR CHILD SUFFERED ANY BROKEN BONES? YES/NO

IF YES, PLEASE GIVE DETAILS OF WHICH BONE(S) AND APPROXIMATE DATE OF INJURY

DOES YOUR CHILD SUFFER FROM ANY ALLEGIES EG BEE SINTG, PENICILLIN? YES/NO

IF YES PLEASE GIVE DETAILS WITH RECOMMENDED TREATMENT.

IS YOUR CHILD TAKING ANY REGULAR MEDICATION YES/NO

IF YES, PLEASE GIVE DETAILS OF MEDICATION, DOSE AND FREQUENCY

ARE THERE ANY OTHER MEDICAL CONDITIONS YOU FEEL WE SHOULD BE AWARE OF YES/NO

IF YES, PLEASE GIVE DETAILS

I DECLARE THAT THE INFORMATION GIVEN HERE IS CORRECT, BY SIGNING THIS FORM I AGREETO UPDATE THE CLUBSHOULD ANY CONTACT OR MEDICALDETAILS CHANGE, WHILST MY CHILDCONTINUES TO PLAY FOOTBALL FOR HURST FC.

SIGNATURE

*PLEASE NOTE EMERGENCY FIRST AID KIT WILL BE PRESENT AT TRAINING SESSIONS & MATCHES. IF PLAYERS REQUIRE SPECIFIC MEDICATION FOR MEDICAL CONDITIONS OR ALLERGIES, PARENTS/GUARDIANS SHOULD ENSURE THAT THEY BRING REQUIRED MEDICATION WITH THEM AND REMAIN ONSITE INCASE IT NEEDS TO BE ADMINSTRATED.*