FARNBOROUGH JUNIOR ACADEMY
PHOTO, MEDICAL & EMERGENCY AUTHORISATION FORM

1. PLAYER INFORMATION

Player's Full Name: _____ **Date of Birth:** _____

Team Name / Age: _____

2. PHOTO & SOCIAL MEDIA CONSENT

I authorise Farnborough Junior AFC to take and use photographs, video, and/or digital images of the individual named above for:

- Use on social media platforms (e.g., Facebook, Instagram, Twitter/X)
- Use in newsletters, websites, and official promotional materials

These images may be used without further notice unless explicitly revoked in writing.

3. MEDICAL INFORMATION & CONSIDERATIONS

Please list any medical conditions, allergies, or required medications coaches/staff should be aware of:

_____

_____

Faith / Religious / Cultural Considerations (e.g., dietary restrictions, dress code, observances):

_____

_____

4. AUTHORISED PICKUP DETAILS

Please list all individuals authorised to collect the player from practices or games (Only listed individuals permitted):

1. _____ **Relationship:** _____

2. _____ **Relationship:** _____

3. _____ **Relationship:** _____

5. EMERGENCY CONTACT INFORMATION

Contact 1 Name: _____ **Contact 2 Name:** _____

Primary Phone: _____ **Primary Phone:** _____

Alternate Phone: _____ **Alternate Phone:** _____

Relationship: _____ **Relationship:** _____

6. MEDICAL EMERGENCY AUTHORISATION & CONSENT

In the event of an emergency, I hereby grant permission to Farnborough Junior AFC staff, coaches, and volunteers to seek emergency medical treatment and secure first aid for my child/player named above when a parent or guardian cannot be reached. This authorisation includes transporting the player to the nearest hospital or emergency care facility as deemed necessary. I understand that all efforts will be made to contact me, or the emergency contacts listed above, prior to treatment whenever possible.

Parent/Guardian Signature: _____ **Date:** _____

Printed Full Name: _____