



PHOTO RELEASE, MEDICAL INFORMATION & COLLECTION AUTHORISATION FORM

1. Player Information

Player's Full Name: _____

Team Name: _____

2. Photo & Social Media Consent

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

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

These images may be used without further notice.

3. Medical Information

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

4. Faith/Religious Considerations

Please list any religious or cultural considerations that may impact participation (e.g., dietary restrictions, dress code, observances):

5. Authorised Pickup

Please list all individuals authorised to collect the player from practices or games:

1. _____ | Relationship: _____
2. _____ | Relationship: _____
3. _____ | Relationship: _____

Only the above-listed individuals will be permitted to collect the player unless prior notice is given.

Signed By: _____

Date: _____



MEDICAL EMERGENCY AUTHORISATION FORM

This form grants permission to Farnborough Junior AFC staff, coaches, and volunteers to seek emergency medical treatment for the below-named player in the event of a medical emergency when a parent or guardian cannot be reached.

Player Information

Full Name: _____

Date of Birth: _____

Team Name: _____

Emergency Contact Information 1

Parent/Guardian Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Relationship with Player: _____

Emergency Contact Information 2

Parent/Guardian Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Relationship with Player: _____

Medical Treatment Authorisation

In the event of an emergency, I hereby authorise the staff and volunteers of Farnborough Junior AFC to provide first aid and to secure emergency medical treatment for my child/player named above. 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.

Consent & Signature

Signature of Parent/Guardian: _____

Printed Name: _____

Date: _____