

Consent Form  
Braves Sporting Club

This is to confirm that (Childs Full name) ( \_\_\_\_\_ )  
Is willing to take part in training on the ( \_\_\_ / \_\_\_ / \_\_\_ ) for Braves Sporting Club.  
I (Full Name of Parent/Guardian)( \_\_\_\_\_ ) acknowledge as legal  
parent/guardian for (Childs Full name) ( \_\_\_\_\_ ) that Braves Sporting  
Club CIC is not responsible for any injuries what so ever that may occur as deciding to take  
part and you have decided to enter (Childs Full name) ( \_\_\_\_\_ )  
in full knowledge that they are well and in full health and able to take part in physical  
activities.

Print Full Name (Parent/Guardian) : \_\_\_\_\_

Print Childs Full Name: \_\_\_\_\_

Signed (Parent/Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

Please return the above signed before the scheduled football session  
begins. Preferably please return the above signed via the email  
address below or on the day of the training session.