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| **Player Registration Form 2024/2025** |

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| Full Name of Player: | Date of Birth: | Age & Current School Year (as of September 2024):  |
| Height: | Weight: | Nationality: |
| Name of Parent(s) or Guardian(s): |  |
| Home Address (including Postcode): |  |
| Name of School child attends: |  |
| Home Number: | Mobile Number: | Emergency Contact Number: |
| Main Correspondence Email address:l |  |
| Has your son/daughter taken part in football training sessions before? | Yes              No If yes, which football academy/football club was it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please list any pre existing medical conditions, history or allergies and/or any medication we should be aware of e.g. asthma/asthma pumps: |
| I give consent for Triangoals Youth to administer treatment to myself and/or my child(ren) should the need arise whilst participating in any training/matches with Triangoals Youth, and agree not hold their coaches/officials responsible for any costs and expenses suffered and/or incurred as a result of any treatment received. (e.g. asthma, epilepsy etc) SIGNED: …………………………………………………………………………………………… PRINT NAME: …………………………………………………………………………*\*You must not be taking any medication or receiving any medical treatment which may put you or any other person at risk during training/matches. I accept and understand any medical treatment (e.g. asthma pumps) required during my stay - aside from football related treatment – is my responsibility.* |
| I hereby agree that you may publish information that contains references to and/or photographs/videos of my child. I understand that references to my child shall be in relation to their involvement in Triangoals Youth and will not include references to personal details that are accessible outside of the club. Photographs and/or videos are permitted throughout the season during various events; however, no photographs will specifically identify an individual child and only be in football related activities. I also agree to complete the club photography and filming consent form alongside this registration document.  |
| Signed Parent/Guardian | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|   Or | I **DO NOT** consent to Triangoals publishing information that contains references to and/or photographs/videos of my child in any way, shape or form. |
| Signed Parent/Guardian | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Date |  |