

# ST. CADOCS YOUTH CLUB FOOTBALL



## PLAYER REGISTRATION / PARENTAL CONSENT FORM

Player Personal Details			
Name:		D.O.B:	
Address: (incl.Post Code)			
Home Phone #:		Mobile Phone #:	
E-mail address:			
Player Club Details			
Club Name:	St Cadocs Youth Club	Season:	
Coach Name:		Coach Mobile #:	
Team Name & Age Group:			
Player Medical Details			
Doctor's Name:		Doctor's #:	
Doctor's Address:			
Medical History: Please provide details of any conditions, medication, allergies or dietary requirements			
Player Emergency Contact Details			
Contact Name:		Relationship:	
Contact Home #:		Contact Mobile #:	
Declarations			
<p>I, ..... being the Parent / Guardian of Player ..... give / do not give my consent for the player to travel with St Cadocs YC on any authorised Club Activities as and when selected.</p> <p>I, ..... being the Parent / Guardian of Player ..... give / do not give permission to the relevant official of St Cadocs YC to make such emergency decisions as necessary with regard to the treatment of any medical condition or injury received during any activity until such times as I can be contacted. I authorize / do not authorize, them to sign any medical documents necessary for the emergency treatment of the player should the need arise.</p> <p>I, ..... being the Parent / Guardian of Player ..... give / do not give my permission for my child to have HIS/HER photograph taken as part of any individual or team photographs and for these photographs to be used and reproduced By St Cadocs YC in such a manner, as they deem appropriate. Usage will be in line with any guidelines within the SYFA Player and Official Protection Policy (when completed) or policy of the Scottish Football Association</p> <p>SIGNED ..... NAME.....DATE.....</p> <p>PARENT / GUARDIAN</p>			