



Parental Consent Form

Eastside AFC Youth Football



CHARTER STANDARD

Player Details	
Player's Full Name:	
Home Address:	
Postcode:	
Date of Birth:	
Parent / Guardian Contact Details	
<p>*Please ensure one contact number is a mobile for receipt of text messages with details of games, training, etc.</p> <p>**we must hold an email address for you and the main contact date of birth</p>	
Main Contact Name:	
Occupation (Optional info)	
Telephone Numbers (Including area codes)	Daytime:
	Evening:
	Mobile*:
E-mail**:	
Date of Birth**:	
Relationship With Child:	
Secondary Contact Name:	
Secondary Contact Telephone Number*:	
Relationship With Child:	
Medical Conditions	
<p>Please give details of health conditions including allergies that we should be aware of. Please state any medication required and dosage.</p>	
Medical Condition:	
Medication Required / Dosage:	
Medical Condition:	
Medication Required / Dosage:	
Family Doctor Name:	
Surgery Address:	
Post code:	
Surgery Telephone Number:	
Date of last Tetanus Injection:	



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CHARTER STANDARD

Child's School Details	
School Name:	
School Address:	
Post code:	
Current School Year of Child:	

Declaration

I confirm that my child is in good health and I consider him/her fit to play football. In my absence I consent to any emergency medical treatment required by my child. I consent for photographs of my child to be taken for any organised Eastside related activities; which may appear on Facebook, Twitter or in the local press.

I have completed this form to the best of my knowledge and my child and myself have read and signed the Respect Code of Conduct and the new season guidance letter.

Parent / Guardian Name:	
Date:	
Signature:	

It is the parent / guardian's responsibility to inform Eastside AFC of any changes to the details on this form and to ensure your child's safety whilst traveling to and from club sessions.