

Participant Information and Consent Form

Name	
Date of Birth	
Address and Postcode	
Telephone Number	
School/College	
Club currently playing for (if any)	
Name of parent/carer	
Relationship to participant	
Home Telephone	
Emergency Contact number	

Medical Information

Please list any medical information we should be aware of e.g. Asthma or any medication currently being taken:

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Photographs and Videos

Photographs and videos of the participants may be taken for general publicity purposes. If that happens the name of the participant will not be given. Please inform us if you do not wish your daughter to be photographed or videoed

Consent

I give permission for my daughter to participate in Aldercar Football Fun 4 Girls and consent for my daughter to receive emergency medical treatment, on the understanding that I am contacted as soon as reasonably possible



We will treat all the information you provide in accordance with the Data Protection Act 1998. Please tick if you **do not** wish to receive information about Derbyshire FA or Aldercar Community Language College events

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Signed:

Date: