



## **PLAYER REGISTRATION, MEDICAL & CONSENT FORM**

(Essential – one per player, renewed annually)

### **Player Details**

**Player Full Name:**

**Date of Birth:**

**Address:**

**Postcode:**

### **Parent / Guardian Details**

**Full Name:**

**Relationship to Player:**

**Mobile Number:**

**Email Address:**

**Emergency Contact (if parent unavailable):**

**Name:**

**Relationship:**

**Phone Number:**

### **Medical Information**

Please provide full details to help keep your child safe.

**Does your child have any medical conditions?**

No  Yes (please specify):

**Allergies** (e.g. asthma, nuts, bee stings):

**Medication currently taken:**

**Any previous injuries or conditions we should be aware of?**

**GP Surgery Name & Phone (optional):**

**Medical Treatment Consent**

I give permission for Matt's Football Coaching to administer basic first aid and, in an emergency, seek medical treatment for my child if I cannot be contacted.

I agree

Parent/Guardian Signature:

Date:

**Participation Consent**

I confirm that my child is physically fit to take part in football activities and agree to them participating in training sessions organised by Matt's Football Coaching.

I agree

**Photography & Video Consent**

(Please tick ONE)

**I DO give permission for photos/videos** of my child to be used for coaching, training analysis, website, and social media

**I DO NOT give permission for photos/videos** of my child to be used publicly

**Code of Conduct Acknowledgement**

I understand that my child must follow the coaching rules and code of conduct, and that inappropriate behaviour may result in removal from sessions for safety reasons.

I agree

**Parent/Guardian Name:**

**Signature:**

**Date:**

