

Draperstown Celtic F.C. Mini Soccer Scheme

Parental Consent/Player Contact Form

This form should be completed by the parent/guardian with parental responsibility before your child can participate at the scheme. Please PRINT clearly.

I agree to (Name) participating at the Draperstown Celtic Mini Soccer Scheme.

Personal Details

Name of Child

Home Address

Telephone

Date of Birth Age

Emergency Contact Details

Please provide the names, addresses and telephone numbers of two people we may contact in case of an emergency.

Contact 1

Name

Address

Telephone Numbers

Home

Mobile

Contact 2

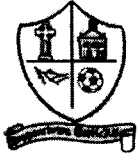
Name

Address

Telephone Numbers

Home

Mobile



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Medical Information

Please provide details of any known medical conditions, e.g. asthma, diabetes, epilepsy, allergies, etc.

Please provide details of any medication currently being taken

Please provide any other information which you feel we may need to be aware of

In case of emergency, I understand that staff will do everything possible to contact the parent/guardian so that they can make the appropriate medical decisions for their child. In extreme circumstances, where medical treatment is required without delay, I authorise the leader in charge to give consent for any medical treatment on my/our behalf.

Signature

Date

Relationship to child

We may wish to take photographs of those involved in the Mini Soccer Scheme for publicity reasons. Please tick here if you wish your child to be excluded from any such photographs.