



earls barton united fc

EARLS BARTON UNITED FOOTBALL CLUB

PERSONAL DETAILS FORM

Name of Player _____

Date of Birth _____

Address _____

Parent/Guardian name _____

Tel Nos: Home _____
Mobile _____

Emergency Tel No: _____

School _____

Doctor's name and address _____
& telephone number _____

Email address _____

It is important that we have an email address to enable you to receive team and club instructions

MEDICAL HISTORY

Does your child suffer from any existing medical condition or allergy?

If so, please state YES/NO _____

Is your child taking any medication YES/NO _____

Will your child need any medication to be administered whilst attending football YES/NO _____

If YES to any of the above, please provide full details including medication, dosage and application.

Please note that the manager may need to be instructed in the application of any medication. In exceptional circumstances a parent/guardian may be asked to remain with the child.

Are you a 1st Aid qualified or appointed person YES/NO
Date of qualification:

CHILD PROTECTION POLICY

It is possible that your child may require 1st aid treatment for an injury. This will be administered by a manager or a coach. In order to administer appropriate treatment, items of clothing may need to be removed. Your permission is required to be able to carry out these functions.

To protect the managers and coaches, children should not be left on their own with a coach or manager. If it becomes necessary that for a manager or coach to drive a player on their own then the child will sit in the back of the car with the adult in the front. Where a parent is late to collect a child, another child will be asked to remain until they are collected.

By signing this declaration, you are accepting the above statement and conditions.

INJURIES

The manager/coaches are not trained physiotherapists and use their playing history and experience to deal with pitch and training injuries. Generally, they will err on the side of caution.

There is an option to register with a physiotherapy clinic. In the season 2006/2007 the cost is £5 per year, which includes all treatments, the unit is held at Cogenhoe Football Club on Sunday mornings between 10 a.m. and 12 noon. It is mandatory for U15's to U16's to be part of this and the £5 will form part of the signing on fee. All other ages it is optional.

I would/would not like to join the physiotherapy unit if it is available *

PHOTOGRAPHS / VIDEO APPROVALS

I, the Parent/Legal Guardian of the child named above, give/do not give* (please delete as appropriate) my unreserved permission to Earls Barton United Football Club and its Committee and Members to take photographic or video footage of my child and for it to be used for club publicity, coaching and for any other legal reason the club sees fit, in accordance with the Club's and The FA's Child Protection Policy Guidelines.

Signature of Parent/Legal Guardian

DECLARATION

We understand the above statement and confirm that we wish the above named child to become a member of Earls Barton United Football Club. (1st September _____ to 31st August _____).

Please note that this is not a league signing form and does not entitle a player to participate in league matches.

We confirm we will abide by Earls Barton United Football Club's code of conduct and the committee's decisions.

Signed _____
Parent

Signed _____
Child

Date: _____

Date: _____