

LBC Football Coaching Week Registration Form June 2014 - all parts MUST be fully completed

Full Name of child: _____ M/F

Date of Birth: _____ School Year/Class: _____

Address: _____

Email address: _____

Phone number where I can be contacted in an emergency:

Home: _____ Work: _____

Mobile _____

If unavailable contact: Name: _____

Phone no. (including code) _____

Relationship to child: _____

Name and phone number of GP: _____

Details of any medical conditions or allergies (eg. Asthma/ diabetes/ epilepsy) and any medication

Any other special needs, requirements or directions that would be helpful for leaders to know about:

I will inform the leaders of any changes to my child's health; medication needs and also to any changes of address or phone numbers given.

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or by a suitably qualified medical practitioner.

If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However I understand that every effort will be made to contact me as soon as possible.

During the time your child will spend with us photographs/video filming may be taken for general purposes and for this we need your permission. On signing this form we assume you have given permission unless you inform us otherwise.

Signature of parent/guardian _____ Date _____

Name printed in full: _____