



Consent & Details Form



Player Name: _____

Player DOB: _____

Parent Name: _____

Contact Number: _____

Address: _____

Signature: _____



I (name) _____ hereby give consent for the Player to travel on authorised Club activities when selected. I also give permission to the relevant official to make emergency decisions as necessary with regards to treatment of any medical condition or injury received during any activity until such times as I can be contacted. I authorise them to sign any medical documents necessary for the emergency treatment of the Player, should the need arise and I am unable to be contacted immediately. (Anaesthetics)



Players Doctor: _____

Surgery Telephone No.: _____

Medicines the Player is required to carry: _____

Players must give two supplies of each medicine to the Coach prior to each event

Allergies the Player is known to suffer from: _____

Dietary requirements: _____



I give permission for my Player to have their photograph taken as part of any individual and or team photograph and for these to be used in a manner deemed appropriate and in line with the Guidelines of the SFA/SWF/SYFA Player Protection Policy.

YES

☐

NO

☐

tick as appropriate

I give permission for my Player to have their photograph taken and for this to be used within the Club's Social Media advertisement and promotion.

YES

☐

NO

☐

tick as appropriate



Alternative Emergency Contact, should there be no reply at home.

Contact Name: _____ Number: _____