



WOODNESBOROUGH FC JUNIORS

2024/2025 SEASON

GUARDIAN CONSENT AND MEDICAL FORM

By returning this completed form, I agree to my son / daughter / child (in my care), taking part in the activities of the club and confirm he / she will abide by the rules of the club.

I understand that the club management will keep me informed of all such activities, (e.g. training and fixture details).

I understand that in the event of any injury or illness all reasonable steps will be taken to contact me and that the club management will deal with the injury / illness to the best of their ability.

I have made a note below of any specific medical information relating to my son / daughter / child in my care, (e.g. illness, medication, ongoing treatment). I also understand that I can share any medical , social or behavioural information with the coach/manager in confidence.

I also confirm that I agree that my son / daughter in my care is allowed be captured on digital image / still photographs / video footage, whilst participating in the activities of the football club. I understand that these images may be used on the club’s official website, local press, in other publications and by the Football Leagues.

Name of Player (Child).....

Name of Parent/Guardian.....

Signature of Parent/Guardian.....

Relevant Medical Information

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