



Beaconsfield Holtspur Football Club

PARENTAL CONSENT FORM 2015-16 SEASON –



CHARTER STANDARD CLUB

Parent: Please complete this form in block capitals and return it to your child's manager/coach or complete the form electronically and email it to your child's manager/coach with electronic signature where possible.

This Form is to be retained by the Manager/Coach.

1. Player Details

Surname	Forename	Date of Birth	Age Group
Surname	Forename		
Surname	Forename		

2. Address

Address

3. Medical Information

Does your child require medication of any sort? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please give details:</i>
Is your child allergic to any medication? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please give details:</i>
Does your child have any other specific medical needs or conditions? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please give details:</i>
When did your child last have a tetanus injection?

4. Contact Details

1st Parent/Guardian	
Full Name	Car Registration Number
Home Telephone Number	Mobile Telephone Number
Email Address	
2nd Parent/Guardian	
Full Name	Car Registration Number
Home Telephone Number	Mobile Telephone Number
Email Address	
Family Doctor	
Full Name	Telephone Number
Address	

5. Subscription

The annual subscription for the 2015/6 season is **£95** for the first child, **£50** for a second child and **£45** for a third child. This includes all training sessions, all matches, tournaments, club kit and Awards day and BBQ. Please add **£10** per player for membership/free attendance at Beaconsfield Town matches and **£20** for player membership and half-price adult attendance at Beaconsfield Town matches. Fees can be paid by bank transfer to the Club Account number: 83943420, Sort Code: 60 02 09, with child surname and age group as reference (e.g. *XyzU11*), or by cheque in favour of Beaconsfield Holtspur Football Club.

6. Declaration

I/We agree to notify the Manager immediately if any information given in this form changes. I/We agree to our child receiving first aid and/or medication as instructed during any emergency dental or medical treatment, including anaesthetic or blood transfusion as considered necessary by the medical authorities present. I/We understand the extent and limitations of the insurance cover provided.

I/We also recognise that Beaconsfield Holtspur FC is run by a community of volunteers. By completing and returning this form, I/We are joining this community and will participate in the spirit of it. I/We will therefore support our team and Manager where able to do so - this could be to help manage parking, erect mini goals, act as a linesman, clean up litter and mud after matches, or help with team admin, etc. I/We will also support and respect those who are already volunteering for these roles and respond to their requests in a way to make the volunteer's task as straightforward as possible. I/We understand that Beaconsfield Holtspur FC relies on its volunteers and the support from all parents. I/We also confirm that I/we have seen the club website for full details of club policies and procedures and have read and understood these.

If I/we are submitting this form electronically without signature, I/we confirm that the information given in this form is true to the best of my/our knowledge.

Signed	Full Name
Signed	Full Name