# charter standard clubC:\Users\rkwiecien\Dropbox\Rick\Football\Purchasing\logos\BHFC logo.jpgBeaconsfield Holtspur Football Club

## PARENTAL CONSENT FORM 2015-16 SEASON –

Parent: Please complete this form in block capitals and return it to your child’s manager/coach or complete the form electronically and email and 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 |  |  |
|  |  |  |  |

1. **Address**

|  |
| --- |
| **Address** |
|  |

1. **Medical Information**

|  |
| --- |
| **Does your child require medication of any sort?** |
| Yes  No  *If yes, please give details:* |
| **Is your child allergic to any medication?** |
| Yes  No  *If yes, please give details:* |
| **Does your child have any other specific medical needs or conditions?** |
| Yes  No  *If yes, please give details:* |
| **When did your child last have a tetanus injection?** |
|  |

1. **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** | |
|  | |

1. **Subscription**

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| --- |
| 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 (eg *XyzU11*), or by cheque in favour of Beaconsfield Holtspur Football Club. |

1. **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** |
|  |  |