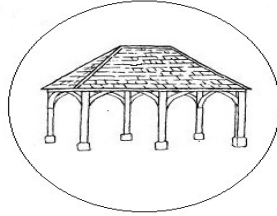


**CHARLBURY TOWN YOUTH  
FOOTBALL CLUB**

*www.charlburytownyouth.co.uk*



**[FOUNDED 1947]**

**U6s, PLAYER'S CONSENT FORM, 2011/12 SEASON**

The following information is required from any young person wishing to participate in training sessions and / or football matches for Charlbury Town Youth Football Club. Please complete and return this form to Helen Turner, Coach of this age group.

Name of player.....  
Address.....  
..... Post Code.....  
Date of Birth ..... Age Group.....  
Home Tel No.....  
Mobile Tel No .....  
Email address.....  
Are you able to access emails at the weekend? YES/NO

Are there any medical conditions or allergies that should be taken into account?  
YES / NO.  
If Yes please give details.....  
.....

Name and Address of Doctor.....  
.....

As parent / guardian of the above named young person I hereby give my consent for him/her to participate in Charlbury Town Youth Football Club training and/or football matches. I understand that although football is a contact sport and accidents may occur, all reasonable care will be taken to ensure the health, safety & welfare of those young persons taking part. Charlbury Town Youth Football Club cannot accept responsibility or liability for any accidents whilst under the club's supervision. I have read and agree to abide by the Code of Conduct for Parents/Spectators, and confirm that my child understands and agrees to abide by the Code of Conduct for Players. I agree/disagree (please delete where appropriate) to photographs being taken of my child.

Signed..... Date.....  
Parent / Guardian.  
Address if different from above .....

**Please note:** There is an accident / injury insurance which has been recommended by the Football Association. Charlbury Town Youth Football Club contributes to this Scheme. The premium is collected with the seasonal signing on fee. A copy of the policy can be obtained from the Club Secretary.