



CHARLBURY TOWN YOUTH FOOTBALL CLUB

SEASON 2018 / 2019

PLAYER'S CONSENT FORM



The following information is required from anyone wishing to participate in training sessions and/or football matches for Charlbury Town Youth Football Club.

Player's Name			
Address & Postcode			
Date of Birth		Age Group	
Home Phone			
Mobile Phone			
Email			
Name & Address of Doctor			

Are there any medical conditions or allergies that the club should be aware of? YES / NO

If Yes, please give brief details:

I agree/disagree to photographs being taken of my child (*please delete as appropriate*)

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 and welfare of the young people taking part. Charlbury Town Youth Football Club cannot accept responsibility or liability for any accidents whilst under the club's supervision.

We take your privacy seriously and will only use information gathered in relation to our youth teams that meets the specific responsibilities as set out in General Data Protection Regulations. We will store your information on our database for a maximum of 18 months (unless re-registering). You can also request to have your information removed at any time. The club's GDPR policy is available upon request.

I have read and agree to abide by the Code of Conduct for Parents/Spectators and confirm that my child has read and agrees to abide by the Code of Conduct for Players.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Address (if different from above): _____