

Beaufort United Football Club

Team.....

Name:.....

D.O.B..... Age.....

Address:.....

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Postcode:.....

Telephone:.....

Mobile:.....

E-mail:.....

Relevant Medical History (e.g. Asthma)

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Data Protection

As you are aware Beaufort United have a website (www.beaufortunited.co.uk) Under the Data Protection Act 1998, photographs are classed as personal data and we need your parental consent to display any photographs of your child.

Where a photograph is shown, your child's name will not be printed, in order so they can not be identified.

I.....give Beaufort United permission to display any photographs of my child.

Signed..... Date.....

Medical Treatment

Under new guidelines received, we need your permission to treat your child if they sustain an injury during a match or training.

All managers and coaches are trained 1st Aiders.

Please complete the following to allow us to treat your child in an emergency.

I..... give Beaufort United managers permission to administer 1st Aid to my child during a match or training.

Signed..... Date.....

Please complete and return to your child's manager A.S.A.P.

If you have any queries regarding this form please do not hesitate to see Jane Hearne (Child Welfare Co-ordinator) or your child's manager.

Thank-you for your co-operation.