



SIGNING ON FORM

INC. MEDICAL AND PHOTOGRAPHY CONSENT

PLAYERS NAME

PLAYERS D.O.B

ADDRESS AND POSTCODE

PARENT/CAREER NAME 1, ADDRESS, TELEPHONE NUMBER AND EMAIL ADDRESS

Parent/ carers Name:

Address:

Mobile:

Emergency contact number:

Email address:

Parent/carers Date of Birth:

TEAM AGE GROUP (MINI SOCCER, U7,U8,U9,U10,U11,U12,U13,U14,U15,U16,U18



HAWKS COMMUNITY YOUTH

MEDICAL INFORMATION

Please state any medical conditions, medication, allergies, dietary requirements your child may have.

FAMILY DOCTORS NAME AND ADDRESS

PARENT/CAREER CONSENT

There may be instances where your child will need to be given First Aid treatment. This could include Ice packs, Spray, Asthma pumps and in serious cases Defib and/or CPR. If my child needs to be transported to a hospital, I agree and give consent for a member of Hawks Community Youth FC to transport my child for immediate medical care to the nearest hospital.

Do you agree for this treatment to be given? Yes No

CLUB PHOTOGRAPHY AND FILMING

All Hawks Community FC managers/coaches and volunteers have been DBS checked and may take photos of players for use on the Hawks Community Youth FC and Havant and Waterlooville FC website, Facebook page and Twitter to promote the club and the club philosophy. Videos of training sessions and game interviews may also be broadcast. Do you give your consent for your son or daughter to have their photo taken or to be filmed?

PHOTOS Yes No **FILMING** Yes No



Codes of conduct

I have read the spectators and players code of conduct and agree to abide by the clubs rules and policies and failure to do so may result in expulsion from the club:

Kit

Your child will be provided with a home away and training kit as part of their membership, any lost or damaged kit will not be purchased by the club. If your child chooses to leave, all kits are to be returned. Failure to do so will result in a £300.00 charge and the player will not be released from the club until the kit or payment is received.

I agree to the above statement

PARENT/CAREER DECLARATION

I understand all of the above and what I have documented is true and has been answered to the best of my knowledge. I understand that Hawkes Community F.C have public liability insurance but no personal member cover, so I understand the extent and limitations of the insurance cover provided.

AGREE

DISAGREE

PLAYER SIGNATURE

PRINT NAME

PARENT/CAREER SIGNATURE

PRINT NAME