

**Holy Trinity Church
Football Academy
Monday 17th August to Friday 21st August 6-30pm to 9pm each night**

£25.00 per person please make cheques payable to Holy Trinity Church

Parent/Guardian Consent Form

Any information written on this form will be held in confidence. Coaches need to know these details in order to meet the specific needs of your child.

I give permission for my child to attend for training and playing sessions.

Childs Full Name: _____

Date of Birth: _____

Address: _____

Home Telephone: _____

Emergency Contact Phone: _____

Tee Shirt size _____ £25-00 enclosed Yes/No

Details of any known allergies, conditions, medications being taken:

Any other special needs, requirements, or directions that would be helpful for coaches to know about:

In the event of illness of incident, I give permission for medical treatment to be administered where necessary by a nominated first aider. YES/NO

I give permission for photographs of my child to be used to publicity purposes only. YES/NO

Signature:

If you have any queries regarding any of the required information on this form, please do not hesitate to contact a member of the coaching team, who will be more than happy to assist.