

Plymouth Argyle Football Club



Home Park, Plymouth PL2 3DQ



CONSENT FORM FOR PLYMOUTH ARGYLE FOOTBALL IN THE COMMUNITY TRUST AFTER SCHOOL CLUBS PROGRAMME

Please complete and return the form below, which relates to the forthcoming programme for which you have received details. The form gives your consent for your child to take part in this programme & all medical fields for our staff.

School Attending:	Dates:	Amount:
NAME OF PLAYER: ADDRESS:	DATE OF BIRTH: POSTCODE:	
HOME/EMERGENCY CONTACT NUMBER: MOBILE:	EMAIL:	
SPECIAL DETAILS Any relevant information concerning your child's health requiring special attention but which does not prevent him or her taking part should be noted below. For example does your child: <ul style="list-style-type: none">• Have any allergies?• Take medication and if so what is the dosage required?• Have diabetes, asthma or epilepsy?		
Does your son/daughter have any disabilities that the Community Trust should be made aware of? If so please specify		
Is your son/daughter taking any medication that the Community Trust should be made aware of? If so please specify		
PLEASE READ AND TICK THE APPROPRIATE BOXES: <input type="checkbox"/> I AGREE FOR MY CHILD (UNDER 16 YEARS OF AGE) TO PARTICIPATE IN THE ABOVE COURSE <input type="checkbox"/> I AGREE THAT A PLYMOUTH ARGYLE COACH MAY TREAT ANY INJURY WHICH MY CHILD MAY SUSTAIN WHILST ON THE COURSE <input type="checkbox"/> I AGREE TO MY CHILD HAVING HIS/HER PHOTO BEING TAKEN OR VIDEO RECORDED FOR OUR WEBSITE/PROGRAMME/LOCAL NEWSPAPER <input type="checkbox"/> I AGREE TO RELEVANT INFORMATION SUCH AS SOCCER SCHOOLS BEING SENT TO BY PLYMOUTH ARGYLE FOOTBALL IN THE COMMUNITY TRUST		
SIGNATURE OF PARENT/GUARDIAN.....DATE.....		
I enclose cheque/cash for £ [Please make cheques payable to Plymouth Argyle Football in the Community Trust]		

pafc.co.uk plymouthargylefc @Only1Argyle

Main Office 01752 562561 Ticket Office 01752 907700 Superstore 01752 558292 Email argyle@pafc.co.uk

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