



CONSENT FORM – U18 PLAYERS

Please complete this form at the start of every season and let us know as soon as possible if any of the details changes. All information will be treated with sensitivity, respect and will only be shared with those who need to know.

Player's Name: _____ Date of Birth: _____

Address: _____

Postcode: _____ Tel No: _____

Emergency Contact Name: _____ Tel No: _____

Relationship to Player: _____

Late Collection Contact: _____ Tel No: _____

Relationship to Player: _____

U18's Named Person: _____ Tel No: _____

Name of GP: _____ Tel No: _____

Address of GP: _____

Postcode: _____

A. GENERAL & MEDICAL INFORMATION

Please complete the following details. If none, please state "none".

1. Does the player have a disability / medical condition that will affect their ability to take part in football?
If yes, please give details: _____

2. Does the player take any medication? If yes, please give details: _____

3. Does the player have any existing injuries (include when injury sustained and treatment received)? If
yes, please give details: _____

4. Does the player have any allergies, including allergies to medication? If yes, please give details:

5. Is there any other relevant information which you would like us to know about the player? (e.g. access
rights, disabilities, etc) _____

B. CONSENT – SHARING INFORMATION WITH U18’S NAMED PERSON

I consent / I do not consent* to Haddington Athletic FC sharing information as deemed appropriate if the player’s wellbeing is impacted with their Named Person.

C. CONSENT – MEDICAL TREATMENT

I consent / I do not consent* to the player receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary.

D. CONSENT – TRANSPORTATION OF CHILDREN

I consent / I do not consent* to the player being transported by persons representing Haddington Athletic FC for the purposes of taking part in football.

I understand that Haddington Athletic FC will ask any person using a private vehicle to declare that they are properly licensed and insured and, in the case of a person who cannot so declare, will not permit that individual to transport U18 players.

E. CONSENT - PHOTOGRAPHS AND PUBLICATIONS (INCLUDING WEBSITE)

The player may be photographed or filmed when participating in football and this may be published.

I consent / I do not consent* for the player to be involved in photographing / filming and for information about my child to be used for the purposes stated in Haddington Athletic FC’s Safe Use of Images of U18 Players.

F. CONSENT – CONTACT INFORMATION

Haddington Athletic FC may contact the player from time to time via email, text or social networking site.

I consent / I do not consent* for player to be contacted via email, text or social networking site for the purposes stated in the Haddington Athletic FC Safeguards. I do / do not* wish to be copied in to these messages.

G. PARENT/CARER CONSENT – SIGNATURE

- i) All U18 players are required to sign the consent below at section H. Young players under 16 years also require a parental/carer consent within this section.*
- ii) I am aware of Haddington Athletic FC’s Code of Conduct for Safeguarding Children’s Wellbeing and their Policies and Procedures in Child Wellbeing and Protection.*
- iii) I undertake to inform the Haddington Athletic FC should any of the information contained in this form change.*

Parent / Carer’s Signature: _____ Date: _____

(Please state relationship to child if not parent): _____

Print Name: _____ Email: _____

H. CONSENT – U18 PLAYER

I consent / I do not consent* for my image to be taken and used appropriately.

I consent / I do not consent* to be contacted via email, text or social networking site appropriately.

U18’s Email: _____

U18’s Mob No: _____

U18’s Signature: _____

Date: _____

**(delete as appropriate)*