



### Self Consent Form Season 2014/15

I agree to (your name).....  
taking part in football training and matches during the above season.

Age ..... Date of Birth .....

#### Medical Information

(a) Any condition requiring medical treatment, including medication? YES/NO  
If YES please give brief details:

(b) Is your son/daughter allergic to any medication? YES/NO  
If YES, please specify:

(c) When did you last have a tetanus injection? .....  
.....

I will inform Twyford Comets as soon as possible of any changes in the medical or other circumstances during the course of the season.

#### Declaration

I agree to receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion as may be considered necessary by the medical authorities present. I understand the extent and limitations of insurance cover provided. I also understand that from time to time, photographs of games may be taken for local press and club use and agree to the release of these images.

Club Kit - All players will be supplied a team kit by the club. This kit is loaned by the club to the child and must be returned as and when requested or if the player should leave the club.

e-mail address .....

Contact telephone numbers:  
Work..... Home..... Mobile.....

Home Address .....  
.....

Name of family doctor ..... Telephone No.....

Address .....

Signed: ..... Date .....

Full Name (Please Print)

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