



Burns Soccer School

Parent/Guardian Consent Form

Name of Child

Age D.O.B Child's School

Parent/Guardian Name

Address.....

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Tel (day): Tel (evening):

Mobile: E-mail:

(Please make sure you are available at any of these numbers during the hours of coaching)

Alternative Contact Name:

Alternative Contact Number:

Medical Details

Doctors Name..... Tel:

Address

Is your child currently on any medication? Yes No

Medication or Conditions

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(If your child suffers from any conditions or takes any medication can you please state above, if child requires inhaler all inhalers must be brought to coaching sessions)

I give permission for my child to take part in Burns Soccer School coaching and to be included in promotional photographs for example local newspapers, Twitter and Facebook etc.

Signed Parent/Guardian: Date:

Twitter - @Burns_Soccer Facebook – Burns Soccer School Email – Burnssoccer@hotmail.co.uk