PLAYER DETAILS AND PARENTAL CONSENT FORM

PLAYER DETAILS

Surname

Please complete the following details as necessary.

First Name

<u> </u>			
D.O.B.			
Medical conditions			
Emergency Tel		Mobile	
Email			
Address			
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COL	NTACT CONSENT AND PHOTOGRAI	PHY AND FILE	MING CONSENT
<u>co.</u>	TACT CONSENT AND THOTOGRA	THI AND THE	VIIII CONSENT
	nsent for you to contact me using lay camps, social events, offers		
Please tick			
I confirm that i consent	to the coaches taking photogra	aphs or vide	eo footage of myself or my child
			flets, social media, and on your
	development the coach may al		eos of myself or my child or
children during session	is to help with player developn	nent.	
Please tick			
Signed:	Print:		Date:
If completed for a child	, what is your relationship to tl	he child:	
<u>.</u>	,		

Please be aware that either you or your child will be entitled to withdraw your consent to this use at any time. In such case I / we will cease making any new marketing materials using the image(s), and take such reasonable steps as I am / we are able to remove online images from public view: however, please note it may not be possible to delete or destroy all images that have been disseminated online (such as via social media) or in hard copy.