



**FOOTBALL FELLOWSHIP  
REGISTRATION AND CONSENT FORM**

Name			
Date of Birth			
Address			
Next of Kin or Parent/Guardian telephone numbers			
Name and address of family doctor Telephone no.			
Any health / dietary problems. (No for none)			
	<i>Examples: epilepsy, asthma, diabetes, allergies.</i>		
Have you been vaccinated against Tetanus in the last 10 years?	YES	NO	
Is there any specific advice to follow in the event of an emergency?	YES	NO	
If you answered 'yes' to the above, please give details			
Please give details of any medication or treatment being received (inc. dosage)			
<p>I confirm that the above details are complete and correct to the best of my knowledge. In the unlikely event of illness or accident I give permission for any necessary medical treatment to be given. In an emergency, or if I cannot be contacted, I am willing for my child to receive hospital treatment including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.</p>			
Players Signature		Date	
Parent / Guardian Signature for Players aged 16 or 17 yrs		Date	
Parent / Guardian's name and initials			