



Herne Bay Youth Football Club 11/12

Community Soccer School 8th-12th August

www.hbyfc.co.uk

PLAYER'S NAME _____

£5 per day / £20 per week

Player's Date of Birth: ____ / ____ / ____

DAYS ATTENDING: MON TUE WED THU FRI

PARENT DETAILS

Address _____

_____ Post Code _____

Telephone No _____ Mobile _____

Email Address _____

In order to celebrate and promote football, occasionally your child may be photographed. I/We agree to photographs being published in accordance with the FA's Best Practices Guidelines and Child Protection Policies.

YES / NO Parent(s)/Guardian(s) Signature: _____

MEDICAL DECLARATION 2011/12

I agree to give my full consent to the elected officials of Herne Bay Youth FC should the necessity arise to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.

If your son/daughter is asthmatic or suffers from any other medical condition(s) or is allergic to any medications or products, please indicate in the space below.

Emergency contact: _____

Contact telephone numbers (inc national codes):

Work: _____ Work Mobile: _____

Home: _____ Home Mobile: _____

PARENT / GUARDIAN (s)

Full name (capitals): _____

Signed: _____ Date: ____ / ____ / ____