



SYFA Club Parental Consent Form



Player Information

Player's Details	Insert Details
Player's Name:	
Date of Birth:	
Address:	
Post Code:	
Telephone No:	
Emergency Contact Details	
Contact's Name:	
Relationship to Player:	
Emergency Contact Tel No:	
Late Collection Contact Details	
Contact's Name:	
Relationship to Player:	
Contact's Tel No:	
Player's School/College (if applicable)	
School/College Tel No:	
GP Details	
Name of GP:	
GP's Tel No:	
Address of GP:	
Postcode:	

General and Medical Information

Does your child have a disability/medical condition that will affect their ability to take part in sport?
If yes, please give details.

Does your child take any medication? If yes, please give details.

Does your child have any existing injuries (include when injury sustained and treatment received)?
If yes, please give details.

Does your child have any allergies, including allergies to medication? If yes, please give details.

Is there any other relevant information which you would like us to know about your child?
(e.g. access rights, disabilities, etc).

Sharing Information

SYFA/your club do not share information about any player unless there is a concern about that player's welfare.

Consent – Medical Treatment

I consent/I do not consent* to my child receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary.

Consent – Transportation of Children

I consent/I do not consent* to my child being transported by persons representing the club for the purposes of taking part in football.

I understand the SYFA/club will ask any person using a private vehicle to declare that they are properly licensed and insured and, in the case of a person who cannot so declare, will not permit that individual to transport children.

Consent – Photographs and publications (including Website & Social Media)

Your child may be photographed or filmed when participating in football and this may be published.

I consent/I do not consent* for my child to be involved in photographing/filming and for information about my child to be used for the purposes stated in the SYFA Code of Good Conduct for the Use of Photographs & Images.

Consent – Contact Information

The SYFA/your club may contact your child from time to time via e-mail, text or social networking site.

I consent/I do not consent* for my child to be contacted via e-mail, text or social networking site for football purposes. I do/I do not wish to be copied into these messages.

Player's e-mail address:

Player's mobile No:

Consent – Signature

I am aware of the SYFA Player Protection Policy (downloadable from www.scottishyouthfa.co.uk) and agree to work in partnership with the SYFA/club to promote my child's safe participation in football.

I undertake to inform the SYFA/your club should any of the information contained in this form change.

Parent/Carer's Signature:

(Please state relationship to child if not parent)

Date:

Print Name:

E-mail:

Mobile No:

*(delete as appropriate)

Players should return this form fully signed to your Club Secretary.