



Club Annual Membership, Information, Medical and Consent Form

This form is to be completed by the Legal Guardian and child at the start of each season .Legal Guardians are responsible for informing the club of any changes as they occur.

General Details:

Name of Child: _____

Date of Birth: _____

Home Address: _____

_____ Post Code _____

Home Telephone Number: _____

Guardian's Mobile Number: _____

E Mail Address: _____

Medical Details:

Does your child have any known health needs ? E.g. Diabetes, Asthma, Epilepsy, Allergies etc - Yes / No

If Yes please complete the section below

Health Needs : _____

Current Medication Name : _____

Dose : _____

Frequency: _____

What does the club need to do to keep your child well e.g. administer planned medication/call ambulance/give food or drink etc? Please be very specific.



Do club members need any medical training other than First Aid to care for your child ?

Yes / No

If Yes please specify:

Please note that should your child need to go to hospital it is the Guardians responsibility to accompany the child

Does your child have any communication needs ? e.g. hearing impairment / Dyslexia etc

Yes / No

If Yes please specify:

Does your child have any dietary requirements that we need to know about

Yes / No

Other Details:

Images: At times the club may wish to take photo's or video's of the team or individuals in it. We adhere to the FA guidelines to ensure these are safe and respectful and used solely for the purposes they are intended for, which is promotion and celebration of activities of the club.

Is this acceptable to you ?

Yes / No

Travel : It is the Parent's or Guardians responsibility to transport their children to and from Matches / Training. Should this not be possible it may be necessary for the Manager or another Club Official to transport your child.

Is this acceptable to you ?

Yes / No

Remote Supervision: There may be occasions when your child is involved in planned non-football activities. Players will only be permitted to participate in these activities if they are considered suitable and have a good record of behaviour. You will be informed of any such activity prior to the event.

Water based activities: There may be occasions when your child has the chance to be involved in planned and structured swimming activities. On these occasions appropriate supervision including lifeguard cover will be provided.

I confirm that my child can swim 50 metres

Yes / No

I confirm that my child is confident in a pool

Yes / No

No activity will take place in the Sea or open water.



I have received a copy of the Club Rules & Code of Conduct Yes / No

I have received and signed for my child's playing kit Yes / No

I have received details of the Club Committee Members & Child Welfare Officer: Yes / No

Consent of Legal Guardian

I give consent for my child to participate in Riverside United Junior Football Club's events and agree to the conditions outlined above. I accept that it is my responsibility to inform the club directly of any changes to the details recorded on this form.

Signed (Legal Guardian): _____

Print Name : _____

Date : _____

Consent of Player

I agree to participate in the Club's events as necessary and agree to adhere to guidelines and / or codes of conduct that may be issued in the interest of my own safety.

Signed (Player): _____

Print Name: _____

Date: _____

Signature of Club Secretary : _____

I confirm that the Player detailed above has paid the £15 signing on fee

Signature of Club Treasurer: _____