Shinfield Rangers FC

Parental/Guardian Consent & Player Membership Form 2019/2020

1. **Player Details**

Name (capitals): ........................................................................... (referred to as “your child” or “my child” below)

Date of Birth**:** ……/….…/…….Age at midnight 31/8/19**:** ………....... Gender: **Male/Female \***

1. **Parent/Guardian Contact Details**

Name (capitals): …………………………………………………… Tel (H):…………………………

Home address**:**

Tel (M): .................................

Postcode: .............................

Contact email address so we can provide you with information, updates, etc about Shinfield Rangers FC.

Your details will not be passed on to anyone outside the Club (see GDPR information below).

1st Contact Email:………………...…………………….............................................................................

2nd Contact Email:…………………...…………………….............................................................................

1. **Detail of Consent**

To cover all aspects of representative and competitive football within the Berks & Bucks Football Association Ltd governing rules and guidelines for the period from June 2019 to June 2020.

1. Medical Information about your child
2. Are there any known conditions requiring medical treatment, including medication, or disabilities such as ADHD or autism? Yes/No \*

If YES, please give brief details and any advice you feel the Club and its officers should know:

1. Please outline any life-threatening allergic conditions, including to medicines, your child has - such as asthma, penicillin, nuts. Please ensure required medication is immediately available at all times.

1. Has your child had a tetanus vaccination in the last 5 years? Yes/No \*
2. Name of family doctor: ............................................................

Telephone: ……………………

Address:

1. Age Group

Do you consent to your child taking part in games with other players up to 2 years above their current age? (Important for “playing up a year”, or in friendlies or tournaments). Yes/No \*

1. Photographs

Do you consent to club members taking photographs from matches, training and/or as part of a team or presentation photograph of your child which may also be used, unnamed, on the club’s website or other publications about the club or team such as social media? Yes/No \*

I will not take photographs at sessions without consulting the team’s officials, nor without agreement with officials from any opponents present. Yes/No \*

1. Declarations (All must be agreed and complied with to obtain and retain membership)

* I agree to my child participating in the activities described in the Club's Constitution and acknowledge the need to abide by the Rules and Codes of Conduct available from <https://shinfieldrangersfc.com/shinfield-rangers-football-club-documents-and-links/> as defined by the Club's Executive Committee, and for him/her \* to behave responsibly. This will include actively participating in football matches for the Club in whatever organised league the Club affiliates to. Yes/No \*
* I agree that my child and I will abide by the FA RESPECT Codes of Conduct for Players and Spectators available from <https://shinfieldrangersfc.com/shinfield-rangers-football-club-documents-and-links/> Yes/No \*
* All activities are supervised by an emergency aid trained coach:  
  I give permission for any necessary emergency aid treatment to be given to my child and in an emergency allow the coach to authorise medical treatment on my behalf.  
  In the event of my child being taken ill or injured during the course of any activity to the extent that surgical operation, transfusion of blood or serum or other medication becomes necessary, I authorise the coach in charge to sign on my behalf, any form of consent required by the appropriate medical authorities, if, in the opinion of such authorities, delay required to obtain my personal consent might be prejudicial to my child’s health and safety. Yes/No \*
* I acknowledge that all match kit, representative clothing and training equipment issued by the Club remain the property of Shinfield Rangers FC and must be returned immediately when asked for or when the player leaves the Club. I agree to cover the cost of lost or damaged kit (other than normal wear and tear) and that the kit will not be used other than for Club activities. Yes/No \*
* I acknowledge that the Club and its officers shall endeavour to protect the belongings and wellbeing of my child but cannot be held responsible for any loss or damage to personal property or injury/mishap that is not covered by the Club’s insurance inclusions. Yes/No \*
* I agree to pay all individual disciplinary fines imposed by the FA, resulting from yellow or red cards issued to my child (NB unlikely to arise for teams younger than U14) or any other offences my child may have committed within the time period set out by the FA. Yes/No \*
* I agree to make full payment of my child’s annual subscription within the times set out in the Club’s Football Fee Letter available from <https://shinfieldrangersfc.com/shinfield-rangers-football-club-documents-and-links/>. I understand that failure to pay outstanding debts to the Club in full by these dates may result in my child not being able to take part in training, matches, end of season presentations, nor any other Club activity, and that this might result in the player being banned from the Club, and that a debt collection service may be used. Yes/No \*

Signed: …………………………………….. Date: …………………………

Parent/Guardian \* Full name (capitals): ………………………………………………………………

The Club acknowledges the requirements of the GDPR Data Protection regulations and Child Protection policies. Details collected will be stored securely and destroyed at the end of each season you leave the Club and used solely by Club officials and team managers for the safety and wellbeing of the players or to pass on information that may be relevant to players. Details will be available from <https://shinfieldrangersfc.com/shinfield-rangers-football-club-documents-and-links>

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| **Team Manager signature and date** | **Secretary signature and date** |
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