

PETERBOROUGH UNITED FOUNDATION

PARENT / GUARDIAN CONSENT FORM

Please fill in all boxes that are appropriate below:-



This form is to be completed by the legal carer. The club cannot be held responsible if information has not been shared.

Parent / Guardian's are responsible for informing the club of any changes as they occur.

Please tick the trial you are attending:

- Friday 28th July Friday 1st September

Full Name:	Date of Birth: / /
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Address:	Age Group (16/17 season):
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Town/City:	Post Code:
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Telephone:	Mobile:
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Email Address:

Relationship with child:

Details of any medical conditions, allergies etc and treatment required:
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Images: At times the club may wish to take photos or videos of the team or individuals in it. We adhere to 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 the activities of the club and training purposes. Please indicate if this is acceptable to you: YES NO

Safety: All children undertaking any football coaching should be advised to wear appropriate clothing, footwear and shin guards. Any child attending the football coaching sessions deemed not to be wearing suitable equipment may not be permitted to take part. Peterborough United Foundation will provide all other equipment. By completing this form you consent for our staff to perform first aid on your child if required.

Data: Please tick the box if you would not like to receive information from Peterborough United Foundation or Peterborough United Football Club

All football coaching is undertaken by FA Qualified Coaches. All coaches are CRB screened and have undertaken the FA Safeguarding Children in Football workshop and FA Emergency Aid training.

What is your ethnic group? (please tick one box only)

- | | | | | |
|---|---|---|---|--|
| White | Mixed White & Black | Asian or Asian British | Black or Black British | Chinese or Other |
| <input type="checkbox"/> British | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Indian | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Irish | <input type="checkbox"/> White & Black Asian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> African | <input type="checkbox"/> Other (write below) |
| <input type="checkbox"/> Other white background | <input type="checkbox"/> Any other mixed background | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Any other black background | _____ |
| | | <input type="checkbox"/> Any other Asian background | | |

Signed (Parent/Guardian):

Print Name:	Date: / /
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