



All ATFC Academy sessions involving junior/youth members are run under the guidance of

## PARENT/GUARDIAN/CARER CONSENT FORM

coaches qualified to  
the appropriate FA standards, including safeguarding, first-aid and CRC checks.

**Please complete the following, sign and return to:**

ATFC Academy Senior Staff Member; Academy Manager, YDP Lead, PDP Lead or Admin.

Name of Child: ..... Date of Birth:.....

Parent/ Guardian / Carer Name:

.....

Address:

.....

Postcode .....

Tel (day): .....

Tel (evening):.....

Mobile: .....

e-mail:.....

Family Doctor .....

Doctor's Tel No: .....

Does your child suffer from any medical conditions/allergies that the club/ coach should be aware of (including any current medication) .....

.....

.....

Please provide details of medication that must be administered:

.....

.....

Emergency contact details: (If different from above)

Name: ..... Telephone no: .....

Relationship to child: .....

CONSENT (please read carefully)

I agree to my son/ daughter taking part in the activities of the club.

I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.

I consent to my son/ daughter travelling by any form of public transport, minibus or motor vehicle driven by a club coach or any other parent attending, to any event in which the club is participating.

I understand that the Club or Organisers accept no responsibility for loss, damage or injury caused by or during attendance of any of the clubs organised activities.

Signed ..... (Parent/ Guardian/Carer) .....

Date: .....

