



PARENT/GUARDIAN/CARER COVID-19 RETURN TO ACTIVITY CONSENT FORM

As we anticipate a return to activity here at the ATFC Academy, we shall be doing so under the new and prevailing Conditions and Regulations in place from the relevant bodies / organisations that we are governed and guided by. Namely, these are currently: The FA, The National League & All Relevant Government Agencies.

Accordingly, we shall be devising activity that will adhere to the prevailing Conditions and Regulations. We shall explain how these new changes will affect your son when they return to us and by prior notice via email in the coming weeks.

We shall constantly review the advice from the aforementioned entities and implement changes as required.

We would be grateful for your consent in understanding this request and acceptance to allow to your son to participate in activities with us here at The Academy.

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:**.....

CONSENT *(please read carefully)*

- a) I agree to my son taking part in the activities of the club under the prevailing Conditions and Regulations as referred to above.
- b) I confirm my son has been made aware of this notification.

Signed **(Parent/ Guardian/Carer)**

.....

Date: