# All Sound of Soccer coach’s are fully CRB checked, hold the FA’s Safeguarding children certificate and are Emergency Aid qualified.

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PARENTAL/GUARDIAN CONSENT FORM

Anything written on this form will be held in confidence. We need to know these details in order to meet the specific needs of your child.

This consent form covers all holiday programmes or any other SoS Football events in 2019/20

|  |
| --- |
| Child’s full name: |
| Address  Parent / Guardian full name: |
| House/Mobile number:  Email address: |
| DOB Male/Female |
| School: |
| If unavailable, please contact:  Name:  Tel:  Relationship with child: |
|  |
| Details of special diet, allergies, medical conditions, other requirements: |
| **PLEASE TURN OVER – SIGNATURE REQUIRED OVERLEAF** |

I understand that although every effort is made to ensure a safe playing environment for the children, that Football is an active sport and sometimes accidents/injuries can happen. I understand SoS groups children according to a variety of factors and not just age. This means that children may be playing or competing in games with children that may be older/younger than them, and/or bigger and stronger than them. I agree that SoS is not liable for injury or accident resulting from Football or sport activities.

In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by nominated first aider. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I understand that SoS may take photos and/or videos of Football games and sessions, for the purpose of promotion of the programme. This may include putting photos on the SoS Facebook, Twitter pages as well as SoS website. I agree that SoS can use photos and/or video of my child(ren) in this way.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in all activities.

**Signature of Parent / Guardian** ………………………………....................................

**Print Name**……………………………………………………………………………………………………

**Date**………………………………………………………………………………................................