



ASHBOURNE AZTECS JFC

Consent Form

www.ashbourneaztecsjfc.com

Players Surname:

Players First Name (S):

Date of Birth:

Home Address:

Post Code:

Contact Tel No:

Contact Email Address:

Any Medical Conditions:

Emergency Contact Name:

Emergency Contact No:

By signing this form I authorise that Ashbourne Aztecs can train and include my sons/daughters in any club/league football matches:

1. I confirm that I have read and understood the Aztecs Junior Football Club, Risk Assessment form.
2. I have been given the opportunity to ask questions (via telephone and e-mail).
3. I will not hold Ashbourne Aztecs Junior Football Club responsible for any injuries occurred during training/match time, or if my child contracts any harmful virus or disease.
4. I consent to First Aid being given by a qualified Coach using the appropriate PPE, if in the event of an Injury/Accident occurring during training/matches to my player/child

We agree to observe the club rules and regulations of the Football Association and all competitions the Ashbourne Aztecs Junior Football Club play in.

Members Signature

Parent/Guardian Signature

Date

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Please note:

Copies of the club rules, child protection policy, Insurance cover, codes of conduct and risk assessment are available on the website or by request. PLEASE READ THE RISK ASSESSMENT. THANK YOU