



IN CONFIDENCE
Flitwick Eagles Football Club
Community Football Coaching 2010
Consent and Information



1. Child Details			
Name:		Date of Birth :	/ /
Address:			
Post Code:		Telephone:	
Email:			
School Attending			Year
Flitwick Lower [] Greenfield [] Kingsmoor [] Templefield [] Westoning [] Firs [] Woodland [] Alameda [] Other []			① ② ③ ④ ⑤ ⑥ ⑦ ⑧
2. Emergency Contact Details			
Name:	Relationship:	Contact No. (Mobile):	
3. Medical Information			
Any conditions requiring medical treatment / medication.(e.g. Asthma)	YES / NO		
Any special dietary requirements	YES / NO		
Any domestic situations we should be aware off.	YES / NO		
If you answer YES to any of the above questions, provide details below:			
4. Declaration			
I acknowledge and accept that Flitwick Eagles Football Club and their officers are not under liability whatsoever in respect of personal injury, loss or damage to my son / daughter however caused whilst in attendance on this activity.			
I agree to my son / daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion as considered necessary by the medical authorities present.			
Name:	Relationship:		
Signature:	Date:		

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