



# Parkdale Sidac Football Club



## Player Registration / Parental Consent Form – 2017/18 Season

Name of Player: \_\_\_\_\_

Name of Parents: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Tel. Numbers: (Home) \_\_\_\_\_ (Mob) \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

**MUST HAVE**

Email Address (Parents): \_\_\_\_\_

**MUST HAVE**

Team: U6 U7 U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18  
(circle)

Players School: \_\_\_\_\_

Medical Details: *(Please indicate if the player has any medical conditions we should be aware of)*

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact Details

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Emergency Tel No(s): \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Emergency Tel No(s): \_\_\_\_\_

In the event that my son/daughter is injured while playing football and I cannot be contacted, I hereby give my consent for my son/daughter to receive medical attention. I also agree to my son/daughter being transported to and from matches by Coaches, or other parents of players, if I am unable to transport them myself.

I agree to be bound by and observe the Club Rules and the Rules and Regulations of "The Football Association", and all competitions in which the club participates.

I agree to my son/daughter's details being stored on the Warrington & District League player database (not Academy/U6's players), and also to the possibility of my son/daughter's photograph being displayed on the WJFL / PSFC Websites and being used for any other footballing purpose.

Player Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Player Signed: \_\_\_\_\_ Parent Signed: \_\_\_\_\_

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_