



Check out our website www.chaddertonfcjuniors.co.uk or follow us on twitter @chaddyfcjnrs & Facebook /Chaddyfcjnrs

Photographic Consent:

During the course of the season photographs may be taken and used to promote the Club. We will do our best to ensure that parent’s wishes are met. Please indicate below if you **DO NOT** want photos of your child to be used by the Club for promotional purposes including our website, Facebook or twitter pages. **However, please note this may mean that your child is excluded from some photographic opportunities**

I **DO NOT** give permission for photographs of my child to be used by Chadderton FC Juniors

Medical Information Details 2021/22 Season

Please complete as accurately as possible because these details may be used in the event of an accident or emergency.

Date of last Tetanus Vaccinations up to date ? Yes No

Does your child suffer from any of the following? (please tick if applicable)

Asthma Epilepsy Fainting Migraines Heart Problems Concussions Diabetes Skin Problems

Other (please give details)

Is your child currently on medication?
If so, please give details

Does your child have any allergies?
If so, please give details

Please provide any further relevant information that we need to be aware of, including any current injuries.

Disclaimer: I will collect my child on time at the end of the session and can be contacted during the session on the telephone numbers provided.

The Club cannot accept responsibility for the loss or damage of any personal equipment or belongings that are brought to the sessions.

Consent: I understand that by completing and submitting this form I am giving my consent for my child to participate in the relevant activity. Furthermore, I understand that should medical treatment be necessary, every reasonable effort will be made to obtain my consent. However, in an emergency, I authorise the coaches to consent on my behalf to any medical treatment, which a qualified doctor feels is necessary (this could include inoculations, blood transfusions, surgery or local/general anaesthetic).

Parent/Guardian Name (BLOCK CAPITALS) _____

Parent Guardian Signature _____ Date _____

All Correspondence should be sent to our Club Secretary:-
C/o Chadderton FC, Falcon Fire Stadium, 29 Andrew St, Chadderton, Oldham, OL9 0JT.