

STANWAY VILLA FC - PLAYER CONTACT AND INFORMATION FORM

The information on this form is held in confidence by Stanway Villa FC, some details will be held on computer. If you wish to provide any additional information please do so on a separate page.

Name of child (are preferred nicknames / abbreviations)	
Date of birth	
Age at start of season	
School Year Group	
Contact Details:	
<p>If the child is not living with parents please clarify the legal status of the child and his / her current carers. It is important that you fill in the rest of this form as fully as possible.</p> <p>Failure to tell us things could mean that the safety and welfare of your child is compromised. The Club cannot be held responsible if information has not been shared</p>	
Name of first carer / parent	
Home address / parent	
Home phone number	
Carers phone number	
Email address	
Name of second carer	
Home address (second carer)	
Home phone number	
Carers phone number	
Email address	
Health Needs:	
Does your child have any known health needs? (e.g. Diabetes, asthma, epilepsy, allergies).	
<p>If yes to the above question please outline in detail, including the frequency and dose of any medication required;</p>	

What does the Club need to do to help keep your child well (e.g. administer planned medication/call ambulance/give snacks?)
(Please be very specific).

Do Club members need any medical training other than basic First Aid to care for your child?
If **yes** please specify.

In my absence and in the case of an emergency I consent to dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical services present or at Hospital.

Please circle; **Yes** / **No**

Signed (Legal carer);

Print name;

Date;

Can your son/daughter be treated to with plasters and antiseptic wipes?

Please circle ; **Yes** / **No**

Does your child have any access needs? If **yes** please tell us what we need to do to help him/her.

Communication:

Does your child have any communication needs (e.g. non-English speaker/hearing impairment/sign language user/dyslexia)?

Please circle; **Yes** / **No**

If **yes** please tell us what we need to do to enable him/her to communicate with us?

Religion and Culture:

Does your child participate in religion or spiritual practice? Please circle; **Yes / No**

Please tell about this.

What do we need to know to ensure your child's preferences/needs are met e.g. are there any dietary guideline/dress codes we need to follow or support?

Are there any specific times of day or calendar dates where religious / cultural practice that may be relevant? (e.g. praying at a specific time, Ramadan fasting)

Images and Video:

At times the Club may wish to take photos or videos of the team or individuals in it.

We adhere to The FA Guidelines to ensure these are safe, respectful and used solely for the purposes for which they are intended, which is promotion and celebration of the activities of the Club and for training purposes.

Please indicate if this is acceptable to you by circling; **Yes or No**

Travel:

Arrangements will be made to collect and return children to specific pick up points.

The Club's responsibility stops and starts at these points. It is your responsibility to arrange safe travel to and from the pickup points.

If you are ever delayed in collecting your child, please make every effort to contact the Club Contact or the escorting helpers so we can discuss arrangements for your child.

Please indicate you accept and understand this criteria by circling; **Yes or No**

Non-Football Activities:

There may be occasions when your child is involved in planned and structured non-football activities such as a trip to the cinema, bowling or participating in a fund raising event.

The Club will have collected appropriate information in preparation for the activity (e.g. about the journey, the children's various needs and helper skills), identified any potential risks or dangers, minimised the risks and dangers by careful planning and precautions and made sure we know who is responsible for putting precautions into place (e.g. who will carry the First Aid kit).

This process is called a risk assessment.

Remote Supervision:

There may be occasions when your child is involved in planned and structured unsupervised non-football activities (e.g. shopping trips) whilst on tour.

Players will only be permitted to participate in these activities if it is considered appropriate to do so.

You will be informed prior to the event if any form of remote supervision will take place for such activities and the nature of these activities.

Water based activities:

There may be occasions when your child has the chance to be involved in planned and structured swimming activities.

On these occasions appropriate supervision, including qualified lifeguard cover, will be provided.

I confirm that my son/daughter can swim 50 metres; Please circle; **Yes** / **No**

I confirm that my son/daughter is confident in a pool; Please circle; **Yes** / **No**

I confirm that my son/daughter is confident in the sea or in open inland water;

Please circle; **Yes** / **No**

Consent of Legal Carer:

I give consent for my son/daughter to participate in Stanway Villa Football Club's events and agree to the conditions outlined above.

I accept that it is my responsibility to inform the Club directly of any changes to the details recorded on this form.

I also accept that I will follow and embrace the respect code of conduct, club ethos and relevant policies and procedures at all times.

Signed (Legal carer);

Print name;

Date;

Player Consent:

If you are **over 11 years of age**, sign Section A

If you are **under 11 years of age**, sign Section B

Section A (over 11 years of age):

I agree to participate in Stanway Villa Football Club's events as detailed above and agree to adhere to guidelines and or codes of conduct that may be issued in the interest of my own safety.

Signed (Player):

Please print name:

Date:

Section B (under 11 years of age):

I will take part in football and other activities run by Stanway Villa Football Club and will stick to the Club rules.

I will tell the coach or another person if I do not feel well or if I have any worries.

Signed (Player):

Please print name:

Date:

Management Review and Acceptance:

I have reviewed this document and confirm it is complete.

Signed (Team manager):

Please print name:

Date: