



MEDICAL CERTIFICATION

Childs Name..... School Name.....

Course Attending..... Course date..... Course Time.....

Date of Birth/...../.....

Address.....

..... Postcode.....

Parent/Guardian Name(s).....

Telephone Number..... Mobile.....

Email.....

Emergency Contact..... Tel Number.....

2nd Emergency Contact..... Tel Number.....

Special Requirements:

Please outline details of any special needs or requirements needed when caring for your child. Please continue on a separate sheet if necessary.

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Has your child had any recent injuries that may affect their ability to take part in any of the sessions?

YES / NO: If YES, please give details.....

First Aid Consent

I give consent for first aid to be given to the above child, I understand that this will involve contact between my child and a member of staff and I am satisfied that they will receive this help in the presence of at least one other member of staff. Your child may also be required to be taken off site in an emergency if the need arises.

Photo Consent

I give consent for photos of my child to be taken whilst at an Birchwood session and understand that these may be used for promotional purposes only. Please tick the box if you do not want your child's photo to be used in this way.

Birchwood may contact you with regards to upcoming events using the above details given. Contact will only be regarding NG Kids events. If you do not wish to be contacted regarding any Birchwood information, please place a tick in the box.

Parental Pick Up?

I give permission for my child to walk home unaccompanied upon completion of the Birchwood After School club, Please Tick:
I understand that Birchwood Soccer Schools have no responsibility for my child once they leave the After School club.

To the best of my knowledge, I have given accurate and relevant information regarding my child's health and ability to participate in an exercise programme. I have read and understand the above policies & procedures regarding Birchwood Soccer Schools.

Signature..... Print Name..... Date/...../.....