



TYFC MEDICAL FORM

Name of Player: _____ Date of Birth: _____

Name of Parent / Guardian: _____

Address: _____

Telephone Number: _____ Mobile: _____

E-Mail Address: _____

If your child suffers from any of the following, please let your Team Management know so that in the event of an incident they are able to take appropriate action. It is not compulsory to inform us of any medical condition.

Asthma: YES / NO Epilepsy: YES / NO Diabetes: YES / NO

If for any reason during training or through a match my child is taken ill and needs urgent medical attention, I hereby give permission for a responsible person to take my child to Hospital and authorise administration of anaesthetic.

Name of Child: _____ Name of Parent / Guardian: _____

Signed: _____ Date: _____

TYFC PHOTOGRAPHIC CONSENT FORM

- TYFC recognises the need to ensure the welfare and safety of all young people in football. As part of our commitment to this we will not permit photographs, video or other images of young people to be taken or used without the consent of the parents/carers and the young person.
- TYFC will follow the guidance for the use of images of children and young people as set out in the Guidelines issued by the Football Association (the FA), a copy of which is available on request from your Team Manager, or on the FA website.
- TYFC will take all reasonable steps to ensure such images are used solely for the promotion and celebration of the activities of TYFC.
- Accordingly, TYFC will so far as is possible not allow images to be taken by persons other than Accredited members of the Press and the Club. Photographs may be displayed on the Club's website (www.tyfc.co.uk) without identifying individuals.
- If you become aware that any such images are being used inappropriately, you should immediately inform a representative of TYFC.

I, _____ (insert full name of parent/carer) consent to TYFC photographing or videoing _____ (name of Child) in accordance with the Guidelines issued by the FA. I confirm that _____ (name of child) is not under a Court Order and that I am legally entitled to give this consent.

Signed: _____ Name: _____ Date: _____