|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C:\Users\acer\Downloads\TheFA_McD_CHARTER_STANDARD_LOGO.jpg**C:\Users\acer\Downloads\RisingStarsFC.jpg | | | | |
|  |  |  |  |  |
| **Club Secretary: Kathryn Derby** 29 Wynn RoadWhitstable Kent CT5 2JP  **M**: 07900 892393 **E:** risingstarsyfc@gmail.com | | | | |

**INFORMATION, CONSENTS AND DECLARATIONS**

**Player’s personal details**

Surname (last name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Likes to be called \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School year at start of 2015/16 season \_\_\_\_\_\_\_\_

**Player’s Declaration**

As a player for Rising Stars Youth FC, I confirm that I have seen a copy of the Club’s Constitution (Club Rules). I have also received and read (or had read to me) a copy of the Player’s Code of Conduct, and that this has been explained to me. I 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.

*(All codes of conduct are available from any club official.)*

Signed (player)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME \_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s/Legal carer’s details**

**Parent’s /Carer’s** last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Tel no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If the child is not living with parents, please clarify the legal status of the child and his/her current carers:**

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

**OTHER EMERGENCY CONTACT NUMBERS**

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT / CARER CONSENT AND DECLARATIONS**

**MEDICAL DETAILS/CONSENT**

**C:\Users\acer\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\BP79ZEIT\question-mark-in-blue-round-button-6154-large[1].png Does your child have any known health needs (e.g. diabetes, asthma, epilepsy, allergies)?**

YES NO

If YES, please complete this section (attach a separate sheet if more than one medication):

Name of current medication child is taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Please PRINT the name of your child’s doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgery and telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C:\Users\acer\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\BP79ZEIT\question-mark-in-blue-round-button-6154-large[1].png Do Club members need any medical training other than First Aid to care for your child?**

YES NO

If YES, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**COMMUNICATION NEEDS**

**C:\Users\acer\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\BP79ZEIT\question-mark-in-blue-round-button-6154-large[1].png Does your child have any communication needs (e.g non-English speaker / hearing impairment / sign language user / dyslexia)?**

YES NO

If yes, please tell us what we need to do to enable him or her to communicate clearly with us.

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

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

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

****

**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 pick-up points. If you are ever delayed in collecting your child, please make every effort to contact the Coach / Club Secretary so we can discuss arrangements for your child.

**SIGNATURES**

Please ensure that **both** parents /guardians/legal carers **sign this form (where marked with an X)** to agree to these consents and declarations. If you do not wish to accept any of the terms, please talk to one of the coaches.

***(Please delete as appropriate)*:** By signing the form below, I/we hereby give my/our consent to any medical treatment and/or administration of medicines by a qualified doctor as may be required in an emergency when I/we are not present at training or a game.

**Parents/carers’ declaration**

***(Please delete as appropriate)*:** As a parent/carer of a player for Rising Stars Youth FC, I confirm I have seen/read a copy of the Club’s Constitution and the FA Respect Parents/Carers’ Code of Conduct, and that our family agrees to adhere to them to the best of our ability.

(*Codes of Conduct and the Club’s Constitution and Rules are available from any club official.)*

**Consent to use photographs or video footage**

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 that these are safe and respectful and used solely for the intended purposes, which are either to promote and celebrate the activities of the Club, or for training purposes.

***(Please delete as appropriate)*:** I/we hereby give my/our consent to allow photographs of our son/daughter to be taken and used for promoting the Club.

**Data protection**

***(Please delete as appropriate)*:** I/we hereby give my/our consent for Rising Stars Youth FC to process and retain on file information contained on this form. All information will be dealt with in accordance with data protection legislation. The information will not be shared with any third parties.

**X** Signature of 1st Parent/guardian/carer\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**X** Signature of 2ndParent/guardian/carer\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NB: If it is difficult for both parents or carers to sign one form, please duplicate this side and return separate copies***