BEATTY FUELS Sponsors of Ballinamallard United Academy & Football Development Centre

BALLINAMALLARD UNITED ACADEMY & FOOTBALL DEVELOPMENT CENTRE
REGISTRATION, CONSENT AND MEDICAL FORM *(Issue 5)*

2019/2020 Season

Anything written on this form will be held in confidence by the leaders who need to know these details in order to meet the specific needs of your child. I note the arrangements and give permission for my child to take part.

Child's Full Name			
DOB			
Address Inc. Postcode			
Home Telephone		**Email Address**	
Contact Name (1st)		**Mobile Contact Number**	

In the case that the 1st contact cannot be reached, please contact below number (2nd Contact)			
Contact Name (2nd)		**Relationship to Child**	
Mobile Number		**Other Number**	

Name of GP		
Address of GP		**Phone Number of GP**

When did he/she last have a tetanus injection				
Is he/she allergic to anything	**YES**		**NO**	
Please provide details:				
Can he/she take paracetamol if required	**YES**		**NO**	
Is he/she presently taking any medication	**YES**		**NO**	
Please provide details:				

Has he/she ever had:				
An operation/major accident/serious sports injury	**YES**		**NO**	
Has he/she ever had an adverse reaction to an anaesthetic	**YES**		**NO**	
Does he/she have any special dietary requirements e.g. vegetarian/Gluten Free	**YES**		**NO**	
If yes to any of the above, give brief details:				

Does he/she suffer from:				
Diabetes	**YES**		**NO**	
Epilepsy or fainting fits	**YES**		**NO**	
Respiratory disorder e.g. asthma	**YES**		**NO**	
Heart disorder	**YES**		**NO**	
Liver problems	**YES**		**NO**	
Kidney or Bladder problems	**YES**		**NO**	
Migraine Headaches	**YES**		**NO**	
Eye, ear, nose or throat problems	**YES**		**NO**	
Skin disorder	**YES**		**NO**	
Eating or digestive disorder	**YES**		**NO**	
Any other complaint or disorder not listed above:	**YES**		**NO**	
If you have answered YES to any of the above questions, please give details:				

FORM CONTINUED OVERLEAF

PLEASE DO NOT WRITE BELOW THIS LINE

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Please indicate details of any known medical conditions, allergies, special needs, requirements or directions that would be helpful for the leaders to know about:

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available or medical treatment to be administered by a suitably qualified medical practitioner.

If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

I give my consent for participation in training, games and sports during the week.

I give my consent for photographs to be taken of my child for use by the club for publicity, promotional purposes, web page and/or to maintain a photographic record of events at the club.

I give Ballinamallard United Football Club permission to hold my details and details of my child.

I confirm that the details provided are correct to the best of my knowledge.

Signed	
Name printed in full	
Relationship to Child	
Date	

CODE OF CONDUCT

As a Player/Parent/Guardian of Ballinamallard United Football Club I agree to abide by the principles set out in the Code of Conduct. I support the Club in its undertakings and encourage the Club to take any necessary disciplinary actions where warranted for any breach of the Code of Conduct.

Parent Signature		**Player Signature** ***(Over 11's only)***	

CLUB USE ONLY

Membership Record

Payment 1	**Amount**		**Date**		**Initials**	
Payment 2	**Amount**		**Date**		**Initials**	
Payment 2	**Amount**		**Date**		**Initials**	
Payment 1	**Amount**		**Date**		**Initials**	