



TRANSFER OF RESPONSIBILITY & EMERGENCY MEDICAL DETAILS - SPONDON DYNAMOS FC

Saturday/Sunday football including midweek training and matches if and when required (any social activities)

I agree to _____ (full name)

Address _____

Postcode _____

Date of birth _____

Current school/College _____

Please complete medical information about your child:

Doctors name _____

Surgery address _____

Does your son/daughter have any serious medical condition/allergies YES/NO

If yes please give details _____

Has your son/daughter had a tetanus injection in the last ten years YES/NO

DECLARATION

I agree to my son/daughter receiving emergency medical attention considered necessary by the medical authorities

Emergency contact number _____

Secondary number _____

Full name (capitals) _____

Email address _____

Signed (parent/guardian) _____

Date _____

I understand the extent and limitations of the club insurance cover provided

Photographing children

Please sign below if you are happy to have your son/daughter in Spondon Dynamos' photographs and videos. To have the photographs on the website and maybe in the newspapers (part of the team and club).

Signed (parent/guardian) _____

The following information is required to be available at matches and training events the player attends within the management of the club.