

**Junior & U18 Players – Medical Information and Photography/Media Permission**

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| --- | --- | --- | --- | --- |
| **Primary Contact Details – Parent / Caregiver** | | | | |
| **Name** |  | | | |
| **Mobile Phone No** |  | | | |
| **Secondary Contact Details – Parent / Caregiver** | | | | |
| **Name** |  | | | |
| **Mobile Phone No** |  | | | |
| **Player/s Details**  (if there are more than 3 players in one family, add the additional player details over the page) | | | | |
| **Name** |  | **Date of Birth** |  | |
| **Medical Conditions / Allergies (if applicable)** |  | | | |
| **Regular Medication and Dosage (if applicable)** |  | | | |
| **Player 2** | | | | |
| **Name** |  | **Date of Birth** |  | |
| **Medical Conditions / Allergies (if applicable)** |  | | | |
| **Regular Medication and Dosage (if applicable)** |  | | | |
| **Player 3** | | | | |
| **Name** |  | **Date of Birth** |  | |
| **Medical Conditions / Allergies** |  | | | |
| **Regular Medication and Dosage (if applicable)** |  | | | |
| **Medical Permission** | | | | |
| In the case of injury or illness, I authorise the person in charge to provide first aid and assistance as appropriate – including ambulance – and agree to accept responsibility for any costs incurred. | | | | **Yes No** |
| **Photography / Media Permission** | | | | |
| I give permission for my child/ren to be photographed or filmed while participating in matches and club activities, e.g. by club officials; by Field of View Sports Photography | | | | **Yes No** |
| I give permission for photos or footage of my child/ren to be used for information and promotional purposes, e.g. on the club website, at club presentations | | | | **Yes No** |
| **Name** |  | | | |
| **Signature** |  | | | |