



Kevin Horlock School Of Football

REGISTRATION AND CONSENT FORM

Childs Full Name _____
Home Address _____

Post Code _____
Home Tel No _____
Date Of Birth _____

Medical Details

Please indicate if your child has any medical conditions we should be aware of e.g. asthma, allergies, etc ...

Contact Details Parent/Guardian Consent

Status: Mr, Mrs, Ms, Other _____

First Name _____ Surname _____

Emergency No _____ Mobile No _____

Email Address _____

In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers please.

Name _____ Tel No _____

Name _____ Tel No _____

Parental Consent : In the event that my son/daughter is injured whilst attending the Kevin Horlock School Of Football and I cannot be contacted on the above numbers, I hereby give my consent for my child to receive medical attention.

Signed: _____

Print: _____

