



Co-operative Insurance Basic Goalkeepers Course Consent Form

This form should be completed by the parent / guardian with parental responsibility before your child can participate.
Please PRINT clearly

I agree to my child (Name): _____

participating at the above course at (venue) _____ Date: _____

Personal Details

Name of Child: _____

Name of Football 'Games' Development Centre: _____

Home Address: _____

_____ Post Code: _____

Date of Birth: _____ Age: _____

Home Telephone Number (including code): _____

Emergency Contact Details

Please provide the names and telephone numbers of two people who may be contacted in case of an emergency.

Contact 1

Name: _____

Address: _____

Home Tel No: _____

Mobile: _____

Contact 2

Name: _____

Address: _____

Home Tel No: _____

Mobile: _____





Co-operative Insurance Basic Goalkeepers Course Consent Form (cont)

MEDICAL INFORMATION

All information is strictly confidential and should be provided as accurately and detailed as possible for the young person's benefit.

Name of Doctor: _____

Doctor's Address: _____

Tel No: _____

Medical Details:

Does she / he suffer from any medical conditions? Yes / No

If yes, please give details _____

Current Medication:

Is she / he taking any medication / treatment? Yes / No

If yes, please give details _____

Is your child allergic to any medication? If yes, please give details below.

Any other comments you feel may be useful: _____

In case of emergency, I understand that staff will do everything possible to contact the parent / guardian so that they can make the appropriate medical decisions for their child. In extreme circumstances where medical treatment is required without delay, I authorise the leader in charge to give consent for any medical treatment on my / our behalf.

Signature: _____ Date: _____

Relationship to child: _____





Consent form for Irish Football Association (press attended events)

To (Name of parent or guardian): _____

Name of child: _____

Name of Event: _____

Location of event: _____

Date of event: _____

The Irish Football Association has invited the media to take photographs and/or film footage of _____ for publicity purposes. Your son/daughter may appear in these images, which may in turn appear in local or national newspapers, on televised news programmes or on a newspaper's website.

To comply with the Data Protection Act 1998, we need your permission before any images of your child are taken. Please answer the question below, then sign and date the form where shown. Please ensure this form is returned to the IFA prior to the the event:

To the parent/guardian *Please circle your answer*

Are you happy for your child's image to appear in the media? Yes / No

Please note that websites can be viewed throughout the world and not just in the United Kingdom where UK law applies.

Please also note that it is the policy of most newspapers to include the full name of people appearing in press photographs.

I have read and understood the above.

Signature: _____ Date: _____

Your name (in block capitals): _____

