



## Parent/Carer Statement

**Name of Child:**

**Team:**

I agree to inform the coaches of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers. In the event of illness, having parental responsibility for the above named child, I have given permission for medical treatment to be administered where considered necessary by the nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I have been made aware that the Spartans FC Youth have a Children's Wellbeing and Protection Policy and they are committed to ensuring the safety of my child.

The Spartans FC Youth takes your privacy seriously and will only use information gathered in relation to our youth teams that meets the specific responsibilities as set out in our Club Privacy Notice and Data Protection Policy. However, from time to time we would like to contact you with details of fixtures, events, competitions and other information regarding the club. If you consent to us contacting you for these purposes please provide your email address below.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in and travel to the activities.

Signature:

Print Name:

Relationship to Child:

Email:

Date: