CONSENT FORM - U18 PLAYERS



Please complete this form at the start of every season and let us know as soon as possible if any of the details changes. All information will be treated with sensitivity, respect and will only be shared with those who need to know.

Player's Name:	Date of Birth:
Address:	
Postcode:	Tel No:
Emergency Contact Name:	Tel No:
Relationship to Player:	
Late Collection Contact:	Tel No:
Relationship to Player:	
U18's Named Person:	
Name of GP:	Tel No:
Address of GP:	
Postcode:	
Does the player have a disability / medical condition that will affect life yes, please give details:	
2. Does the player take any medication? Yes / No *	
If yes, please give details:	
3. Does the player have any existing injuries (include when injury sulf yes, please give details:	,
Does the player have any allergies, including allergies to medicate.	tion? Yes / No *
If yes, please give details:	
5. Is there any other relevant information which you would like us to (e.g. access rights, disabilities, etc) If yes, please give details:	know about the player? Yes / No *

B. CONSENT – SHARING OF INFORMATION

U18 player

I consent / I do not consent* to the Scottish Youth FA sharing information about me with its affiliated organisations which it governs as deemed appropriate for my wellbeing in accordance with the Scottish Youth FA's Code of Conduct for Safeguarding Children's Wellbeing and their Policies and Procedures in Child Wellbeing and Protection.

Parent/carer (if young player is under 16 years old)

I consent / I do not consent* to the Scottish Youth FA sharing information about the young player with its affiliated organisations which it governs as deemed appropriate for the young player's wellbeing in accordance with the Scottish Youth FA's Code of Conduct for Safeguarding Children's Wellbeing and their Policies and Procedures in Child Wellbeing and Protection.

C. CONSENT - MEDICAL TREATMENT

U18 player

I consent / I do not consent* to receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary.

Parent/carer (if young player is under 16 years old)

I consent / I do not consent* to the player receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary.

D. CONSENT – TRANSPORTATION OF CHILDREN

The Scottish Youth FA will ask any person using a private vehicle to declare that they are properly licensed and insured and, in the case of a person who cannot so declare, will not permit that individual to transport U18 players.

U18 player

I consent / I do not consent* to being transported by persons representing the Scottish Youth FA for the purposes of taking part in football.

Parent/carer (if young player is under 16 years old)

I consent / I do not consent* to the player being transported by persons representing the Scottish Youth FA for the purposes of taking part in football.

E. CONSENT - PHOTOGRAPHS AND PUBLICATIONS (INCLUDING WEBSITE)

Young players may be photographed or filmed when participating in football and this may be published.

U18 player

I consent / I do not consent* to be involved in photographing / filming and for information about me to be used for the purposes stated in the Scottish Youth FA Safe Use of Images of U18 Players.

Parent/carer (if young player is under 16 years old)

I consent / I do not consent* for the player to be involved in photographing / filming and for information about my child to be used for the purposes stated in the Scottish Youth FA Safe Use of Images of U18 Players.

F. CONSENT - CONTACT INFORMATION

The Scottish Youth FA may contact young players from time to time via email, text or social networking site.

U18 player

I consent / I do not consent* to be contacted via email, text or social networking site for the purposes stated in the Scottish Youth FA Safeguards.

Parent/carer (if young player is under 16 years old)

I consent / I do not consent* for player to be contacted via email, text or social networking site for the purposes stated in the Scottish Youth FA Safeguards. I do / do not* wish to be copied in to these messages.

G. PARENT/CARER CONSENT - SIGNATURE

*(delete as appropriate)

- i) All U18 players are required to sign the consent below at section H. Young players under 16 years also require a parental/carer consent within this section.
- ii) I have read and understand the Scottish Youth FA's Code of Conduct for Safeguarding Children's Wellbeing and their Policies and Procedures in Child Wellbeing and Protection.
- iii) I undertake to inform the Scottish Youth FA should any of the information contained in this form change. I am aware that I can revoke any of the above consent at any time.

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Parent / Carer's Signature:	Date:
(Please state relationship to child if not parent):	
Print Name:	Email:
H. CONSENT – U18 PLAYER	
I have read and understood the Scottish Youth FA's Cooperation Policies and Procedures in Child Wellbeing and Protection	de of Conduct for Safeguarding Children's Wellbeing and the ion.
I undertake to inform the Scottish Youth FA should any of the information contained in this form change. I am aware that I can revoke any of the above consent at any time.	
U18's Email:	U18's Mob No:
U18's Signature:	Date: