

**Marino AFC Academy Registration & Consent Form**

|  |  |
| --- | --- |
| **Name**  |  |
| **Address**  |  |
|  |  |
| **Eircode** |  |
| **Date of birth** |  **/ / 20** |

Medical conditions club need to be aware of NO

…………………………………………………………..

**Parent / Guardian Details**

|  |  |  |
| --- | --- | --- |
| Name  |  |  |
| E-mail  |  |  |
| Mobile number  |  |  |
| Address |  |  |

*Your email will be used for direct club communications .*

***Parent / Guardian must be present and remain at all academy sessions for the full duration. This is Marino AFC club policy.***

*By signing consent on this form ,you agree that the player & guardian details will be stored in compliance with the Data Protection Acts and will be used solely for football related activity .*

***Parent / Guardian signature*** *…………………………………………………*

**Emergency Medical Care**

I understand that every effort will be made to contact the stated guardian in the event of an emergency .

if these options have been exhausted. I give permission for my child to be brought to the appropriate medical centre and to receive treatment.

Signed ………………………………………………………………………….. No

**Photo / Video Permission**

I give permission for my child to be in club / team photos & video online ( Facebook , Instagram ,Twitter ) produced in line with Marino AFC Data protection policy and procedures. No names will accompany images.

Signed ………………………………………………………………………….. No

 **Non Football events**

I give permission for my child to attend non football events , ( adventure centres, playcentres , cinema and others ) , under strict supervision of Marino AFC team managers , coaches and volunteers .

Signed ………………………………………………………………………….. No

 **Academy Coach ……………………………………… Date ………………………………**