



WestCountry ProCoaching



Registration Form

Player Details

please print clearly

Full Name

Home address

Postcode

Home telephone number Date of Birth

Email address
(for soccer school mailing list)

School School Year Gender (*please tick*) Male Female

Medical Details

Please indicate if you have any medical conditions we should be aware of (*e.g. asthma*):

Emergency Parent/Carer Details

Status (*please tick*) Mr Mrs Ms Other

First Name Surname

Emergency Telephone No. Mobile No.

In the event that the above named person cannot be reached, please give two extra emergency contact names and number and indicate their relationship, (*e.g. aunt, neighbour, friend*):

First Name Surname

Emergency Telephone No. Mobile No.

First Name Surname

Emergency Telephone No. Mobile No.

Parental/Carer Consent

In the event that my son/daughter is injured whilst playing football/travelling to and from football events and I cannot be contacted on the above numbers, I hereby give consent for my child to receive medical attention.

I also give consent for appropriate photographic & video images to be taken, in accordance with the FA's Child Protection & Best Practice guidelines (Ten Golden Rules; available at the Soccer Coaching) for the sole purpose of celebrating and promoting WestCountry ProCoaching Soccer Coaching Schools. I confirm that my child is not under a court order.

I also agree to my child being in photographs taken by parents/family members of other children participating.

On completion of Soccer Coaching (*please tick*): my child will be collected allowed to leave on their own

Print Name Date

Signature