# **Consent / Information Form**



### **Details (Child 1)**

First Name	Surname
Date of Birth	Sex 🗖 Male 🗖 Female
Address	
School	Club (if applicable)
Date(s) attending the camp	

## **Details (Child 2)**

First Name	Surname
Date of Birth	Sex 🗖 Male 🗖 Female
Address	
School	Club (if applicable)
Date(s) attending the camp	

#### **Emergency Contact Details**

Name				 
Relationship				 
Tel	Email			 
Does your child have any disabilities or med	cal conditions?	🗖 Yes	🗖 No	 
if YES, please state full details;				 

## Decleration

I understand that, while all reasonable care will be taken, The Graham Stack Football Academy or any persons employed or representing them will not be responsible for any loss or injury suffered. Photographs may be taken on the course for possible advertising and social media purposes, no names will be used with the photography.

I hereby give my permission for the use of any photographs taken from the course in any future media

Signed

Dated