**If a participant is under the age of 18 of years old then parent/carers consent must be given. All correspondence will be sent via parents/carers. Please complete all the highlighted boxes below.**

I, as the Parent/Carer of *enter young person’s name* give permission for my child to attend *enter event/course name* starting on *enter start date*

Participant’s date of birth: *enter date of birth*

**Part 1 – Contact Details**

|  |  |
| --- | --- |
| Name of Parent/Carer *enter name* | Name of Emergency Contact *enter name* |
| Contact Number *enter number* | Contact Number *enter number* |
| Contact Email *enter email* | Relationship to participant *enter text* |
| Relationship to participant *enter text* |  |

**Part 2 – Medical Information**

Details of any medical condition known for the participant

*Please list any known medical details*

**Part 3 – Consent for the use of photographs**

I give consent to Sheffield & Hallamshire county FA to use imagery - including but not limited to photographs and visual recordings of the above named child as a participant of the for the above event on their websites, in their publications and via any other means including but not limited to positive stories by other media agencies without compensation.

*Click here to confirm*.

**Part 4 – Travel Arrangements**

Parents/carers need to be aware that the arrival and departure of participants is THEIR responsibility and not that of the County FA/trainer/venue. Please make sure that your child is fully aware of the arrangements regarding travel.

**Part 5 – Additional Needs**

Please state if the participant has any additional needs that we would be required to meet to enable them to have a positive experience at the event?

*Click here to enter text*

**Signed:** *Click here to enter text*

**Dated:** *Click here to enter a date*

**Parent/Guardian FAN Number (**[**click here**](https://secure.thefa.com/fan/retrievefandetails.aspx) **to create):** *Click or tap here to enter text.*