



RAINBOW REGISTRATION FORM 2018/2019

FIRST NAME	SURNAME	DATE OF BIRTH	SCHOOL	YEAR

FULL ADDRESS
.....
CITY..... POSTCODE.....
TELEPHONE NO:..... MOBILE NO:.....
EMAIL ADDRESS:.....

PARENT/GUARDIAN	RELATIONSHIP	
HOME PHONE	WORK PHONE	MOBILE
EMAIL ADDRESS		

EMERGENCY CONTACT	RELATIONSHIP	
HOME PHONE	WORK PHONE	MOBILE
EMAIL ADDRESS		

Are there any medical conditions, or medications that the coaching staff needs to be aware of?

YES

NO

If "Yes", please provide details below.

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RAINBOW FC PARENTAL CONSENT

I the parent/guardian of the above-named club member hereby give my approval for participation in all the training sessions and football matches during the season 2018/19 I am aware of all risks and hazards, incidental of the **RAINBOW FC**, its organisers, sponsors, coaches and supervisors appointed by **RAINBOW FC**. I likewise waive, to the extent not covered by liability insurance.

I also agree to the above-named club member being photographed during matches and in training to help promote the sport of Children's Football and raise awareness of the game. These images may appear in any promotional or publicity materials to promote **RAINBOW FC** and children's football.

To comply with the **Data Protection Act 1998**, we need your permission before we take any photographs of you/your child if you do not wish your child to be photographed, please tick box

EMERGENCY MEDICAL AUTHORIZATION:

I the parent/guardian of the above-named team member, hereby give my authorization for any emergency medical treatment of the club member for any injury resulting from any activity of the **RAINBOW FC**, Either in football training session of matches. It is understood that efforts shall be made to contact the parent/guardian prior to rendering treatment to the injured club member.

CLUB INSURANCE:

RAINBOW FC is affiliated with The London FA, **RAINBOW FC** provides Public Liability Accident Insurance through London County Football Association (. (2018)

BOTH MYSELF AND MY CHILD HAVE RECEIVED COPIES OF THE CLUB CODE OF CONDUCT

PARENT/GUADIAN SIGNATURE: _____

DATE: _____

CLUB OFFICIAL SIGNATURE: _____

DATE: _____