



TEAM NIGERIA UK (BRITISH EAGLETS)



PARENTAL INFORMATION AND CONSENT FORM

It is a requirement that this form is completed and signed by the parent, Guardian or legal carer of the child registering and attending the Team Nigeria UK (Phase 2) Open football trials taking place on the **13th of April 2017** at Meridian Sports & Social club Charlton, SE7 8QS.

Please e-mail a copy of this form filled in to: teamnigeriauk@groupmail.com or send the completed forms by post to Suite 10, Abel House, Plumstead Road London, SE18 7DD.

Alternatively, you can bring the completed form along with you on the day of the trials together with the **£10.00 Admission fee**.

Child/ Youth Details

Name:

Home Address:

Date of Birth:

Post Code:

Mobile No:

Email:

Does your child currently play for a football team/ club? If yes please give details below:

Is your child currently in school? If yes please give details below:

Emergency Contact Details

Name:

Relationship to child:

Home Address:

Emergency Mobile telephone and email:

Home telephone:

Parent /Guardian Consent & Declaration

Does the above named child/youth have any medical condition or take any medication that we should be made aware of? e.g. asthma, allergies, or injuries - if yes please give details below:

I hereby agree to the above named child/ youth taking part in the Team Nigeria UK Open football trials on the 13th of April 2017.

I hereby grant permission for emergency medical treatment to be given to the above named child/youth in the event of an accident.

During the sessions photographs may be taken for use by Team Nigeria UK officials for promotional and press purposes. Also for the children/ youth to see what they have been involved in during the event.

I agree for photographs to be taken.

Signature _____

Date _____