

# Consent & Medical Form

Name:	Male / Female:
Address:	
Postcode:	
Date of Birth:	Age:
Tel No:	Mobile No:
Email:	
Does the named participant suffer from any medical conditions, or have additional support needs of which we should be aware of? (please tick) Yes <input type="checkbox"/> No <input type="checkbox"/> If YES please give details below.	
Course Code:	
Football participants information provided on this form will be shared with the Scottish FA for the purposes of counting and monitoring participation in football and will not be used for any commercial purpose or shared with any third party organisation. If you do not want this information shared please tick this box <input type="checkbox"/>	
<p style="text-align: center;"><u>I have read and understood the enrolment conditions in the community programme booklet.</u></p>	
Parent/Guardians signature:	
Date:	