

Complete this form then return it TO YOUR YOUTH WORKER

General enquiries to Middlesbrough Baptist Church, tel: (01642) 826929

NE1@Goals REGISTRATION & PARENTAL CONSENT FORM

Middlesbrough churches have organised a

5-a-side football league at the 'Goals' soccer centre

Stockton Road, Middlesbrough, TS5 4AF

To be held once a month on the **first Saturday, 12noon-2pm**

Next event: Saturday 6th September 2008

Admission £1 per person each month.

Parents or guardians, please complete the following:

* Delete as necessary

(Young persons name).....
May attend the above monthly events and I understand that while attending, he/she will be under the control and care of the group leaders and/or other adults approved by NE1@Goals. While the staff in charge of the events will take all responsible care of them, they cannot necessarily be held responsible for any loss, damage or injury suffered by the young person arising during or out of these events.

I agree to my son/daughter taking part in any or all of the activities during these events.

I understand that should my son/daughter require any emergency treatment owing to illness or injury and I am not available to give my consent, the doctor or surgeon concerned can decide on appropriate treatment, if my son/daughter's health or safety is at risk.

My son/daughter is/is not* actively sensitive to Penicillin.

Camera and video may be used at these events. We will adhere to child protection guidelines at all times. However, if you do not want your son/daughter to be photographed please tick here. _____

My son/daughter suffers from (*illness, allergy or condition*):.....
requiring regular treatment. (*Describe the illness, allergy or condition and treatment required on the reverse of this form.*)

My son/daughters doctor is (*name, address and telephone*):.....
.....

Name of parent/guardian* (**Block letters**).....

Signature of parent/guardian*.....

Address of parent/guardian*.....
.....

Telephone.....Mobile.....

Please turn over and continue overleaf.

To register please complete the following:

You must have at least 5 players in your side, however you can have up to 6 players per side as team members can roll on/roll off.

Each team MUST be either all male or all female players (no mixed) and within the 11-16 age group

Team name.....

Please list all your players' names including yourself

- | | (sex) |
|-------------------|---------------|
| 1. (Captain)..... | M/F Age |
| 2. | M/F Age..... |
| 3. | M/F Age..... |
| 4. | M/F Age..... |
| 5. | M/F Age..... |
| 6. | M/F Age..... |

We will contact you with any new information through your youth worker.

Code of conduct

This is a drug and alcohol free zone. We want everyone to enjoy themselves at these events, this means respect for leaders, others and property. Bad behaviour, either verbal or physical, will not be tolerated. Failure to abide by these rules will result in exclusion from these events.

I agree to abide by these rules.

(Young Persons Signature).....

Any Other Information. (e.g. Medical, allergy and treatment)