**Parental consent form for players aged under 18**

* I have read and understood the Woodnesborough FC risk assessment, safe training session and health self-check documents on the WFC website - woodnesboroughfc.co.uk
* I will discuss and explain the safe session guidance to my child before each session
* I understand that there are risks associated with any physical activity and new risks may exist following the Covid-19 pandemic
* I consent to my child participating in the safe training sessions provided by WFC
* I will sign and hand to the coach the health self-check form before each session
* In the unlikely event of an injury I consent to my child receiving medical attention from a trained first aider
* I understand that if I stay at a session I will follow social distancing rules and add my details to the test and trace form
* I will ensure that my child has a named water bottle and hand sanitiser at each session
* I understand that the changing rooms and clubhouse will be closed but a toilet will be available
* I will discuss with the coach any additional disability or medical needs

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| --- | --- |
| Player’s Full Name |  |
| Date of Birth |  |
| Medical Needs |  |
| Parent/Carer Name |  |
| Parent/Carer Signature |  |
| Date |  |

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