

# ARGYLL AND BUTE COUNCIL FOOTBALL BOOKING AND CONSENT FORM – CONFIDENTIAL

Please return form to: Aqualibrium, Kinloch Road, Kinloch Park, Campbeltown PA28 6EG

Information provided by you will be used by Argyll and Bute Council and its partners for the purposes of the activity for which consent is being given only. Please complete **ONE FORM PER PARTICIPANT**. Additional forms, or a large print version, can be obtained by telephoning 01631 572189. Feel free to photocopy this form.

Please complete in **BLOCK CAPITALS**.

## Activity Details: Extra Time Coaching Session

Course Code: .....

Venue: .....

## Participant Details

Surname: .....

First Name: .....

Address: .....

.....

.....

Postcode: .....

Telephone No: .....

Mobile No: .....

Email: .....

Date of Birth: .....

Age at Time of Activity: .....

Next of Kin: .....

## Emergency Contact Details

Please provide details of **two** contacts that can be used during the timescale of the event.

### First Emergency Contact

Name of emergency contact: .....

Address: .....

.....

Telephone: (Home) .....

(Work) .....(Mobile) .....

### Alternative Emergency Contact

Name: .....

Address: .....

.....

Telephone: (Home) .....

(Work) .....(Mobile) .....

## Medical Information

Please note: Argyll & Bute Council cannot be held responsible for the consequences of non-disclosure of information.

Does the participant suffer from any medical or special needs condition that may affect their ability to participate in the activity? YES/NO

If YES, please give details: .....

.....

Has the participant received a tetanus injection in the past 5 years? YES/NO

Is the participant currently taking any medication? YES/NO

If YES, please give details: .....

.....

Will the medication be self-administered? YES/NO  
(Please note: If the participant requires medication during the timescale of the activity but fails to bring it on the activity, they will not be allowed to participate)

Is the participant allergic to any medication/substance? YES/NO

If YES, please give details: .....

Has the participant suffered from or been in contact with any infectious/contagious disease within the last three months? YES/NO

If YES, please give details: .....

Name of Doctor: .....

Surgery Address: .....

Surgery Telephone: .....

**Photographs:** these may be taken during the activities for use in Argyll and Bute Council publicity. No participant will be identified by name. If you do not wish photographs to be used in this way please write to the address above.

## Consent

**I consent to my son's/daughter's participation in the Extra Time Coaching sessions and confirm I have read the 'Code of Conduct' which is understood by my child.**

To the best of my knowledge my son/daughter is medically fit to participate in the activities. I undertake to notify Argyll & Bute Council in the event of any change in fitness or health that may take place prior to the activities.

I agree to my son/daughter receiving emergency medical, surgical and dental treatment as considered necessary by the medical authorities present.

I understand that if my son's/daughter's behaviour jeopardises their own safety or the safety of others, he/she may be removed from the activity and any additional costs incurred as a result of his/her actions may be recovered from me.

**Signed:** .....  
(Parent/Guardian)

**Name:** .....  
(Parent/Guardian)