

WESTLANDS FC



EMERGENCY CONTACT & MEDICAL CONSENT FORM

*Required information

*Player Name:	*Date of Birth:
Parent/Guardian Name (*if player is under 13):	*Contact Number:
*Address (Parent/Guardian if player is under 13):	*Email Address:

In the event of an emergency and that the above named person cannot be contacted please provide 2 additional contact names and numbers.

*(1)Name:	*(2)Name:
*(1)Emergency Contact Number:	*(2)Emergency Contact Number:

*Existing medical conditions or Allergies:	*Any required medication for condition:
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Any additional information.

Westlands FC. 64 Whitfield Avenue, Newcastle under Lyme, Staffordshire. ST5 2JQ

Tel: 07793 165769 email: paul@westlandafc.co.uk

Training Ground NCHS: Playing Fields, Gallowstree Lane, Newcastle under Lyme, Staffordshire

Match Day Home Ground: Pool Dam Playing Fields, Pool Dam, Newcastle under Lyme, Staffordshire



WESTLANDS FC

Terms and Conditions:

Information collected in this document is subject to General Data Protection Regulations (GDPR). At times we may need to share information from it with relevant 3rd parties such as The FA or North Staffs Junior League. It is a requirement of Westlands FC, the League and the FA that we collect this information from a Player welfare perspective and therefore is a requirement of the Player, Parent or Guardian to agree to these terms.

We may at times also use this information to contact you regarding Club information and events.

During an emergency the medical conditions / medication details may also be shared with emergency services, trained first aiders or designated helpers at the time of the emergency.

Where required, Westlands FC will comply with the regulations as detailed in our GDPR policy (available on request).

By signing this document you agree to these terms and become a member of Westlands FC.

Signed:

Print Name:

Date:

Medical Treatment Consent:

In the event that my son/daughter is injured during football activities / travelling to and from football events and I cannot be contacted on the above numbers, I hereby give my consent for my child to receive medical attention.

Signed:

Print Name:

Date: