**Staffordshire School’s Football Association – Trials Consent Form**

Prior to ANY activity with SSFA, including trials, the below must be read and completed by both parent and player. Ideally this document should be copied, pasted, completed electronically and emailed to secretary Mark Warren ASAP ([warrenmark7@btinternet.com](mailto:warrenmark7@btinternet.com)), but can be printed, completed by hand and handed to Mr Warren at the trials.

**NO ACTIVITY OR ENTRY WILL BE GRANTED WITHOUT THIS INFORMATION.**

The below details are to be given/completed by the parent/carer, and understood by the player, to be adhered to indefinitely, or until further/alternative guidance is given.

Parents/carers are responsible for informing SSFA of any changes as they occur. It is your responsibility to check the measures that SSFA has put in place to manage any risks, including its Covid-19 measures in line with current Government guidance.

Providing your consent for your child to return to play from 2020-21 season onward (by completing and submitting details below) confirms that you understand the activities being offered to your child, and agree with the measures that the county has put in place.

Name of player:

School:

Date of birth:

Age at start of season:

Parent’s/carer’s email address:

Parent’s/carer’s main phone number (please include a number that you can be reached on at any time):

*(If the child is not living with parent(s)/carer)s)/legal guardian(s) please clarify the legal status of the child and his/her current carers.)*

By submitting the following, I agree to SSFA holding the health, medical and/or medication data I have provided below to ensure my child’s safety and to take appropriate action to ensure their wellbeing. I understand that I can withdraw my consent at any time, though this may result in my child being unable to participate in SSFA activities.

Anyone who has had COVID-19 must have clearance from their own doctor before returning to football, especially those who had symptoms for more than 7 days.

Does your child have any known health needs? e.g. diabetes, asthma, epilepsy, allergies (delete as applicable): Yes No

If yes, please give further details below:

DIGITAL IMAGERY PERMISSIONS:

Permission for photos/images to be taken: Yes/No

Permission for photos to be shared/used on social media: Yes/No

FINAL DECLARATION:

I give permission for my child to participate in       SSFA events and agree to the conditions outlined above. I accept that it is my responsibility to inform the club directly of any changes to the details recorded on this form.

Name of parent/carer completing:

Date:

PLAYER AGREEMENT:

I will take part in SSFA activities as detailed in this form and agree to adhere to the rules and any guidelines and or codes of conduct that may be issued.

I will tell the coach or another person if I do not feel well or if I have any health concerns.

Name of Player completing:

Date: