

Ivybridge Community College Primary Football Academy Provision

Consent Form

Please bring payment and the Consent Form with you on the first day of the Academy.

INFORMATION REQUIRED			
Name of Parent/Carer:			
Email Address:			
Name of Footballer:			
Date of Birth:		Age of Footballer	
Permission for my child to be photographed and filmed during events and festivals	YES/NO (Please note photographs will be published on the College website, newspapers, articles and display boards)		
Medical Information:			
Emergency Contact Details:	Emergency Contact 1: Emergency Contact 2:		
Amount Enclosed:			
Signed:			