



FC KILMARNOCK LADIES

Contact Details and Medical Information



Player Details	
Name	DOB
Address	
Parent/Guardian Contact Information	
Name	Home
	Mobile Email
Alternative Contact	Home
	Mobile Email
Brief Medical History (e.g. allergies, injuries etc)	

Confidentiality

I understand that the information given above will be treated as **private and confidential** as per the Data Protection Act 1998 and shall therefore only be shared with people directly involved with my child in an official Club capacity. It will NOT be shared with 3rd parties.

Photography

From time to time the club takes pictures for promotional and developmental use in local, regional or national media to promote the work of the Club. Any photographs taken will be used solely for these purposes.

If you do not consent to pictures being used, please tick this box

Transport

I understand that I am responsible for transporting my child to and from games and training.

Parental Consent

I agree to my child taking part in the regular activities of FC Kilmarnock Ladies. I have read the '**Club Rules, Regulations and Code of Conduct**' document and agree to abide by these whilst my child is a member of the Club. I understand that any continued or severe breach of these rules may jeopardise my child's future at the Club.

Parent/Guardian Name:

Parent/Guardian Signature:

Date: