



GLASGOW GLADIATORS POWERCHAIR FOOTBALL CLUB



ADULT/ PARENTAL CONSENT FORM

I, _____ being the Player / Parent /
Guardian of

_____ D.O.B _____

Hereby give my consent for the player to travel with **Glasgow Gladiators Powerchair FC** on any authorised Club Activities as and when selected. I also give permission to the relevant official of **Glasgow Gladiators Powerchair FC** to make such emergency decisions as necessary with regard to the treatment of any medical condition or injury received during any activity until such times as I can be contacted. I authorise them to sign any medical documents necessary for the emergency treatment of the player should the need arise and I am unable to be contacted immediately (i.e. anaesthetics etc).

MEDICAL HISTORY	
This information will be kept confidential and only shown to medical staff should the need arise.	
Any history we should be aware of:	
Any allergies:	
Any Dietary Requirements:	
Medicines the player will require to take with them:	<i>PLAYERS SHOULD GIVE TWO SUPPLIES OF EACH MEDICINE TO THE SQUAD MANAGER BEFORE DEPARTURE.</i>
Player's Doctor	
Surgery Tel. No.	

PHOTOGRAPHY

I give my permission for myself/ child to have my/his photograph taken as part of any individual or team photographs and for these photographs to be used and reproduced by **Glasgow Gladiators Powerchair FC** in such a manner, as they deem appropriate. Typical examples would be social media, club website, national and local Newspapers. Usage will be in line with any guidelines with the SYFA Player Protection Policy or policy of the Scottish Football Association.

Signed: _____

Date: _____

PLAYER / PARENT / GUARDIAN-PLEASE NOTE

PLAYERS WILL NOT BE ALLOWED TO TAKE PART IN ANY CLUB ACTIVITIES WITHOUT THIS CONSENT FORM BEING SIGNED AND RETURNED TO A CLUB OFFICIAL.