

Club Trip Consent Form**Season 2017-18****Team / Age Group****Event/ Trip Details**

Event / Trip Name			
Event / Trip Date			
Event / Trip Cost	£	Deposit Paid	
Depart / Return			

Players Name		D o B	/	/
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	First Point of Contact	Second Point of Contact
Name		
Relationship		
Address 1		
Address 2		
Post Code		
Home Tel		
Mobile Tel		
Contact E-Mail		

Known Conditions	
<i>Please ensure that the Club is notified of any changes in your childs condition(s).</i>	

Current Medication	
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X	/	/
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Parent/Guardian signature	Date
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I/We confirm that the persons named as contacts above will be available to contact for the duration of the planned trip and authorise West Park United to administer first aid by a certified First Aider to the above-named person should it be required during the Club trip.