



Hull Football Skills Academy Registration Form

Confidentiality: Details on this form will be held securely and only shared with relevant others who may require it to meet the specific needs of your child.

Name of Child:	
Address:	
Date of birth:	
Gender:	
Name of parent/carer:	
Contact telephone number:	
Email address:	
Session details - Please indicate which session you wish your child to attend:	09:45 – 10:30 Little Feet 2-4 years (Ball association & games) 09:30 – 10:30 4-7 years (Basic skills & games) 10.30 – 11:30 8-12 years (Intermediate skills & games) 11:30 – 12:30 8-13 years (Advanced skills/game-related play)
Emergency contact preference:	
Name and telephone details of alternate adult (for emergencies only):	
Please confirm any activities that your child CANNOT participate in:	
Does your child have any medical conditions requiring treatment?	
Details of medication:	
Any allergies:	
Consent: I give my consent that if in an emergency, the organisation may act as loco parentis if the need arises, for administration of first aid and/or other medical treatment which may be necessary according to a qualified medical practitioner. I understand that in such circumstances, all reasonable steps will be made to safeguard my child.	Please sign:
Consent: I give my consent for my child to partake in group photographs and videos during all sessions, and for these photos and videos to be used for promotional and developmental purposes on the website and on other social media outlets.	Please sign:
Printed name of parent/carer:	Please print name:
Date:	

