



Please attach  
one passport-  
sized photo  
here

**SCHOOLBOY PLAYER INFORMATION & CONSENT TO PLAY SEASON 2016-17**

**Up to 17 yrs old**

**Personal Information**

Name: ..... D.O.B: ..... Age group: .....

Home Address: .....

..... Post Code: .....

Home Tel No: ..... Mobile No: .....

Place of Birth: ..... Nationality: .....

Native Language: ..... English Speaker: Yes/No

**Club Information**

Previous Club: .....

Club Address: .....

Manager Contact No: .....

**Emergency Contact** (please indicate who you would prefer us to use as a 1<sup>st</sup> contact with an asterix)

Mothers name: ..... Fathers name: .....

Address (if different from above): ..... Address (if different from above): .....

.....

Mobile No: ..... Mobile No: .....

Home No: ..... Home No: .....

Email address: ..... Email address: .....

**Places of Birth of Immediate Family only if born outside of England**

Mother: .....

Father: .....

Grandmother: .....Grandfather: ..... Grandmother: .....Grandfather: .....

Great  
G'mother: .....

Great  
G'father: .....

Great  
G'mother: .....

Great  
G'father: .....

**School Details**

Address: .....

Telephone No: .....Fax No: .....

Email Address: .....

Head Teacher's Name: ..... Head of P.E.....

Head of Year: ..... Player's Year Group: .....

**Medical Information**

General Practitioners Name (please print): .....

GP Surgery: .....

Surgery Telephone Number: .....Fax: .....

**HAS YOUR SON EVER HAD ANY OF THE FOLLOWING? (IF YES PLEASE SPECIFY)**

Heart Disease: Yes /No Details.....  
(including heart murmur or abnormal heart rhythm)

Respiratory Disease: Yes/No Details.....  
(including asthma, bronchitis, hay fever)

Epilepsy Yes/No Details.....

Allergies: Yes/No Details.....  
(including medications, foods, plasters, tapes, lotions, creams, pollen)

Previous Injuries: Yes/No Details.....  
(including fractures, ligament, tendon, muscle)

Dietary Requirements: Yes/No Details.....

Ear/Nose/Throat Problems: Yes/No Details.....

Skin Problems: Yes/No Details.....

Other Medical Problems: Yes/No Details.....  
(e.g. blood borne disease, diabetes)

Medication? Yes/No Details.....  
(including inhalers)

Seen a Specialist Doctor? Yes/No Details.....  
(including physiotherapist)

Vaccinations: Tetanus Yes/No Date.....

Typhoid Yes/No Date.....

Hepatitis A Yes/No Date.....

Other Yes/No Date (please specify inoculation).....

**Any Family History of:**

Heart Disease Yes/No Details.....

High Blood Pressure Yes/No Details.....

Sudden Death Yes/No Details.....  
(under 40yrs old)

Dad's Height (inches).....Mum's Height (inches).....

## Parental Consent

I / We (full name/s).....

of (address).....

.....(postcode).....

The parents of (*player's full name*) .....  
hereby consent to him participating in all football related activities and authorise Southampton Football Club to provide emergency treatment to any injury or illness that my child may experience if qualified medical personnel consider treatment necessary and perform that treatment including NHS hospital based interventions like emergency surgery, anaesthetic, blood transfusion.

My child and I are also aware that participating in football and associated training is a potentially hazardous activity. I / we assume all risks associated with participation in this sport/activity including but not limited to falls, contact with other participants or equipment, the effects of the weather, traffic and other reasonable risk conditions associated with this sport/activity.

I / we accept full and complete responsibility of such risks and acknowledge there is no liability or responsibility by Southampton FC should my child suffer any injury or illness (including medical costs, loss of earnings and any future financial loss due to such injury or illness).

I / we authorise staff of Southampton FC to freely discuss all aspects of my child's medical care. I understand there will be times when I only want certain information to be made available to certain individuals and when this occurs I will be explicit in who can and cannot be made aware of it. At all other times I agree to the sharing of medical information.

I / we understand as part of the club's sports science programme my child will take part in physiological/fitness tests throughout the course of the trial period &/or season(s). The tests will be sprint (5, 10, 20m and 20m flying start), vertical jump (both with and without arm movement) and agility (arrow head test) tests as well as a Yo-Yo (aerobic/anaerobic endurance) test, anthropometric (height, weight & body fat) analysis, functional movement screens (FMS), psychological assessment, hormonal (saliva) and hydration (urine) testing. The tests mentioned are not extensive or exhaustive as modifications maybe made in accordance with technological and scientific developments. I / we give consent to allow video recording of my child's tests and performance if the staff feel it necessary to enable further analysis and track changes over time. I / we agree to the sharing of this physiological/fitness test information amongst Southampton FC staff. I agree to taking of images of my child, which maybe then used on the official Southampton Football website or for promotion and marketing materials for the Academy to highlight to potential players and parents. Furthermore, while I / we acknowledge all results obtained through testing will remain within Southampton FC, I/ we give permission to use the data to present findings in an academic setting (i.e. used anonymously for research/educational purposes).

I / we understand this consent form and agree to abide by its conditions on behalf of my child.

I / We declare that the information recorded above is correct and that we will inform the Academy of any changes to the player's details or circumstances during the course of the coming season(s)

I / we authorise my child to be a part of all Southampton FC transportation arrangements including, but not exclusive to, coach, taxi and minibus travel.

Signed:.....Date:.....

**For office use only:**

**Examination:**

Standing Height (inches)

Sitting Height (inches)

Weight (Kg)

Summary:

Medical completed    **Y/N**

Fit to train            **Y/N**

**Signed:**

**Name:**

**Date:**