



## Appendix 6

### Multi-Use Consent Form

#### Introduction

This consent form should be completed by the parent or legal guardian of any player U18 years of age during the term of their contract with Reading Football Club. In order that your child may participate in the activities organised by the club it is essential that you complete and return this form, supplying relevant information and your consent as parent / or legal guardian.

#### A. Personal Information

Players Name (as appears on passport)	
Date of Birth	Place of Birth
Mother's Height (cm)	Fathers Height (cm)
Players address	
Post Code	Home Telephone

#### B. Parent/Legal Guardian/Carer Contact Information

Name 1	
Relationship to Player	
Address	
Post Code	Mobile Telephone
Name 2	
Relationship to Player	
Address	
Post Code	Mobile Telephone



### C. Academic Information

Player's School	Academic Year
Name of Head Teacher	
Name of Head of Year	
Address	
Post Code	Telephone

### D. Travel & Supervision

The Club will use a variety of modes of transport in order to facilitate the highest level of provision possible in relation to Academy activities. Throughout all Academy activity your child will be considered in the supervision of Reading FC.

In the unlikely event of an accident occurring, I give my permission for a designated representative Reading Football Club to authorise emergency medical treatment, including the use of anaesthetic if deemed necessary, as marked by my selection below:

Grant permission

Deny permission

I do hereby grant or deny permission to the Club to transport and supervise the named child as marked by my selection below:

Grant permission

Deny permission

Where a child is under 16 years of age, the Club requires your consent to allow that child to travel to/from the venue alone:



I consent to my child travelling to/from the venue alone

I do not consent to my child travelling to/from the venue along. I agree that I shall be responsible for arranging supervision of my child when travelling to/from the venue

**E. Photography, Imagery & Video**

I, in all media now existing or invented in the future, on a worldwide basis and in perpetuity, do hereby grant or deny permission to Reading Football Club to use photographs, images and/or videos of the child named in Section A, as marked by my selection below. Such use includes the display, distribution, publication or otherwise use of the imagery taken during Academy activity. I agree that the imagery may be used by Reading Football Club and its associated companies for any purpose, including but not limited to marketing and/or promotional use. I understand that my child's full name, if aged under 16, will not be listed in conjunction with the imagery unless explicit consent is sought.

Grant permission

Deny permission

**F. Medical Questionnaire**

*History of Previous Illness:*

Has your child ever had any of the following, if you answer YES please give details

HEART DISEASE	Yes	No	DETAILS
Any Heart problems	Yes	No	
Heart Murmurs	Yes	No	
Any Family History of Heart Disease or Sudden Cardiac Death before the age of 60 years, in parents, grandparents, uncle, aunt and 1 <sup>st</sup> cousin ( <i>note smoking habit</i> )	Yes	No	
Any Family History of High Blood Pressure	Yes	No	
Other (please specify)	Yes	No	



<b>CHEST DISEASE</b>			<b>DETAILS</b>
Asthma	Yes	No	
Bronchitis	Yes	No	
Other (please specify)	Yes	No	

<b>EAR / NOSE / THROAT</b>			<b>DETAILS</b>
Ear Infections	Yes	No	
Sinus Problems	Yes	No	
Tonsillitis	Yes	No	
Other (please specify)	Yes	No	

<b>ALLERGIES</b>			<b>DETAILS</b>
Hay Fever	Yes	No	
Any other allergies (please specify)	Yes	No	

<b>SKIN</b>			<b>DETAILS</b>
Eczema	Yes	No	
Psoriasis	Yes	No	
Dermatitis	Yes	No	
Other (please specify)	Yes	No	

<b>STOMACH / URINARY</b>			<b>DETAILS</b>
Stomach Problems	Yes	No	
Urinary Problems eg. bedwetting?	Yes	No	

<b>INFECTIOUS DISEASES</b>			<b>DETAILS</b>
Measles	Yes	No	Dates:



Mumps	Yes	No	Dates:
Chickenpox	Yes	No	Dates:
German Measles	Yes	No	Dates:
Whooping Cough	Yes	No	Dates:
Glandular Fever	Yes	No	Dates:
Other (please specify)	Yes	No	Dates:

IMMUNISATIONS			DETAILS
Tetanus	Yes	No	Dates:
Polio	Yes	No	Dates:
Diphtheria	Yes	No	Dates:
Whooping Cough	Yes	No	Dates:
BCG	Yes	No	Dates:
Typhoid	Yes	No	Dates:
Hepatitis A	Yes	No	Dates:
Other (please specify)	Yes	No	Dates:

During the previous 12 months, has your child missed training/match or experienced pain/discomfort following training/matches which may have been caused by injury to the following?

			DETAILS
Feet	Yes	No	
Ankles	Yes	No	
Knees	Yes	No	
Groin / Hip	Yes	No	
Back	Yes	No	

MEDICATION			DETAILS
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Is your child currently taking any form of tablet, medicine or medication? (please specify)	Yes	No	
Is your child allergic to any forms of tablet, medicine or medication? (please specify)	Yes	No	
Does your child have any dietary requirements or any food allergies? (Please specify)	Yes	No	

<b>OTHER MEDICAL</b>			<b>DETAILS</b>
Does your child have any other form of medical problem(s) not previously stated?	Yes	No	
Epilepsy	Yes	No	
Other (please specify)	Yes	No	

<b>TREATMENT</b>			<b>DETAILS</b>
Has your child been under any form of treatment or attended a consultation by a Doctor / Specialist for any medical problem?	Yes	No	

<b>INJURIES</b>			<b>DETAILS</b>
Please provide details of any major / serious injury (including fractures) and any injury requiring hospital treatment?	Yes	No	



Please provide details of any injury that required Specialist / Consultant examination and/or treatment	Yes	No	
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During the previous 12 months, has your child missed training/games or experienced pain/discomfort following training/games which may have been caused by injury to:

	Yes	No	DETAILS
Feet	Yes	No	
Ankles	Yes	No	
Knees	Yes	No	
Groin / Hip	Yes	No	
Back	Yes	No	

I do hereby acknowledge and fully understand the nature of Academy activity and that participation may give rise to harm or injury to the child named in Section A. I confirm that the child is physically fit enough to take part in Academy activity and that any relevant medical conditions have been declared in Section

I agree that the child's participation in Academy activity is at their own risk and hereby release the Club, its employees, contractors, agents and all of its associated companies from all liability, responsibility, costs and damages which arise as a result of the child's participation in Academy activity. For the avoidance of doubt, the foregoing does not affect the child's legal rights in the event of perchildal injury or death arising as a result of the negligence of any of the aforementioned parties.

If the child sustains any harm or injury due to participation in Academy activity, Reading Football Club may, in its sole discretion, offer to provide such medical treatment as it determines necessary or appropriate. I hereby consent to emergency medical treatment determined necessary by Reading Football Club and acknowledge that by allowing any non-emergency medical treatment to be performed on the child, I will be deemed to have consented to such medical treatment. If the child received any medical treatment, emergency or non-emergency, I and the child assume all risk of harm or injury which may result.

Signature: .....

Date: .....

Reading Football Club



Print Name: .....