



Parent Consent Form – Futsal CONSENT (please read carefully)

I am parent or legal guardian of the named said person on this form, I give me consent for this named person to participate in Futsal Competitions as part of England Deaf Futsal “England Deaf Futsal Competition”

I am aware that this participation may come with risk of injury and may result in treatment were necessary which I consent to and accept that neither the clubs nor organisation take liability for.

Signed (Parent / Guardian /Carer)

Date:

Named person participating in event _____

Date of Birth: _____

Name of parent /guardian: _____

Signature of parent /guardian: _____

Date of signature: _____

Minimum age of participation in Futsal competition is 15 years old.

Parent / guardian consent is mandatory for all players under 16 years old.