UNDER 18S CONSENT LETTER 2023/24

To whom it may conce	ern,
I/we	
full name(s) of parent	(s)/guardian(s)
Address	
House name/nui	nber, Street address, Town/City,
County, Postcode	y'
Email	
Email address(s)	
Emergency Contact 1	
	Name and relationship to the Under 18
	Mobile/Telephone Number(s)
Emergency Contact 2	
	Name and relationship to the Under 18
	Mobile/Telephone Number(s)
Am/are the parent(s), legal guardian(s) or other authorised person(s) with parental authority over the Under 18 noted below	
	Signature(s)
INFORMATION ABOUT	
Child's full name	
Date of Birth	
DD Month	YYYY (e.g. 1 January 1908)
Client Reference Num	ber (CRN)
	Client Reference number
Child's Address	
House i	name/number, Street address, Town/City,
 Countu.	. Postcode
Child's Telephone Nui	
	Child's telephone number

Child's telephone number

I/we give permission for the above named child to use Official Club Coaches to travel to any/all away games in the 2023/24 season (please tick)

