



## OUFC ACADEMY TRANSPORT CONSENT FORM

This consent form should be completed by the parent or legal guardian of any player under the age of 18 years who will be transported by club arranged transport during the term of their registration with Oxford United FC.

**Child's name:** \_\_\_\_\_ **DOB (child's):** \_\_\_\_\_

**Name of parent/guardian:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Emergency contact number:** \_\_\_\_\_

**Emergency contact number 2:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

If your child has any medical conditions that may need to be taken into account, please give details below. The following information will assist the club staff in caring for your child on transport:

**Does your child suffer from travel sickness?**                      **Yes**    **No**

**Will your child carry any required medication with them during any travel journey?**                      **Yes:**    **No**

**Does your child have any specific travel arrangements we need to be aware of?**                      **Yes:**    **No**

With authorisation from Parent/Guardian and OUFC Senior Staff on site, it may be agreed that a player under the age of 18 can leave training/matches alone to travel to their designated home via alternate methods (walk/bike/public transport/etc). All appropriate measures will be taken to contact designated parent/guardian to make them aware of arrangements on the day. By authorising below you consent to this taking place.

**I authorise my child to travel home from OUFC activities alone:**    **Yes**                      **No**

There may be situations where OUFC staff will be required to give lifts to players in situations where deemed absolutely necessary. All safeguarding precautions will be taken from OUFC staff and Senior Staff will always be aware of these arrangements. All appropriate measures will be taken to contact designated parent/guardian to make them aware of arrangements on the day. By signing this you are acknowledging you have read and agree to the following statement. If you have any concerns over this, please contact Matt Jarvis (DSO).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please write your name in full:

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OUFC Safeguarding staff signature: \_\_\_\_\_ Date \_\_\_\_\_