



HOWTH CELTIC AFC
PARENT /GUARDIAN CONSENT FORM
SEASON 2016/2017
PLAYERS PLAYING WITH TEAMS ABOVE THEIR
AGE
PLAYERS DETAILS

NAME

ADDRESS

DATE OF BIRTH

PHONE

TEAM (UNDER)

MANAGER

I GIVE CONSENT FOR MY SON/DAUGHTER.....
DATE OF BIRTH...../...../..... TO PLAY FOR HOWTH CELTIC
AFC UNDERFOR THE SEASON OF 2016/2017. I
UNDERSTAND THAT HE/SHE IS PLAYING ON A TEAM AND
PLAYING AGAINST PLAYERS WHO ARE OLDER THAN HE OR
SHE IS.

PARENT/GUARDIAN SIGNATURE

DATE