**Midland Leagues & Cups (Women) Under-14 Consent Form**

The Byelaws for the Midland Competitions state:

3.12 No player under the age of 14 years may play in the MHU Senior Outdoor League or MHU Senior Competitions without parental consent.

The following must be completed and signed by the Parent or Guardian, signed by a Club Representative, and submitted as detailed above.

Club . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Player’s Name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date of Birth . . . . . . . . . . . . . . . . .

Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Post Code . . . . . . . . . . . . . . . . .

I consent to . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . (Player's name) playing in the Midland Outdoor League/Indoor League/KO Cup/League Cup (delete as appropriate) for

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . (Club and Team Name) during season 20l8-19.

Signed . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Parent / Guardian (delete as required)

Print Name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Post Code . . . . . . . . . . . . . . . . . Email . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date . . . . . . . . . . . . . . . . . Telephone . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Telephone Number of an Alternative contact . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**In submitting this form the Club confirms that the player is registered as a Youth player with the SHU and is therefore covered by the SHU Insurance**

Signature & Position of Club Representative . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Print Name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Please send this form to

Callum White, Young Person Protection Officer, at **callum.white1@gmail.com**