

Membership Registration Form

Full name _____
 Home address _____ Postcode _____
 Home telephone no. _____ E-mail Address _____
 Date of Birth _____

School Details (If applicable)

Headteacher _____ PE Teacher _____
 School _____
 Address _____
 County _____ postcode: _____
 Current school Year _____
 Telephone number _____

Medical Details

Please indicate if you have any medical conditions we should be aware of e.g. asthma

Emergency Parent/Carer Details

Status (Please ✓) Mr Mrs Ms Other
 First name _____ Surname _____
 Emergency telephone number _____ Mobile number _____

In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers:

Name _____ Emergency contact number _____
 Name _____ Emergency contact number _____

Parental Consent

In the event that my son/daughter is injured whilst playing football/travelling to and from football events and I cannot be contacted on the above number, I hereby give my consent for my child to receive medical attention

Signed _____ Date _____
 Print name _____

I would like to help the club /team in the following disciplines

Coach Administrator Fundraising Other

I agree to be bound by and to observe the Club Rules and The Rules and Regulations of The Football Association Limited and County Football Association, and all Competitions in which the Club participates.

I enclose **£15.00 (fifteen pounds)** as a membership fee to be repayable if this application is not successful

I consent to disclosure by the County Football Association.

Player Signature

Parent/ Guardian Signature