

PLAYER REGISTRATION AND ENROLMENT FORM

Please complete one form per child you wish to enrol with our club.

PERSONAL DETAILS:

Full Name:			
Known as:			
Home Address:			
Postcode:			
Date of Birth:			
Parent/Guardian's Names:			
Occupation and/or specific skills that could be useful for the club: (Optional)			
Home Number:		Parent/Guardian Mobile:	
Email Address:			

Please Provide Two Further Emergency Numbers:

Name:	Relationship:	Tel. Number:
Name:	Relationship:	Tel. Number:

Player Information:

<p>Medical/Disability Information: Please provide details of ANY medical condition/disability we should be aware of.</p> <p>Please state any medication your child takes for this condition.</p>	
Ethnic/Religious Background:	

Education:

School:		Year Group:	
Address:		Head Teacher:	
		PE Teacher:	
Postcode:		Tel. Number:	

Player Subscriptions fee for Season: (Please provide payment with this form)	£	Deadline for subscriptions:	
Parent Help/Volunteering: Please indicate if you are willing to undertake a volunteer role with our club. (Please tick as appropriate)			
Committee Member:		Coach:	
Team Manager:		Referee:	
First Aid:		Assist on Match days:	
Transport:		Fundraising/sponsorship:	
Other: (Please Specify)			
Parental Consent:			
I am happy for my child to be filmed and photographed:		Please tick only One box.	
I DO NOT wish for my child to be filmed and photographed:			
As parent/guardian of my son/daughter I agree to them taking full part in training sessions arranged by the club.			
In the event that my son/daughter is injured whilst playing football/travelling to and from club events and I cannot be contacted on the above number, I hereby give my consent for my child to receive medical attention.			
Please sign and date this application form:			
Signature:	Date:		
Print Full Name:			

Thank you for joining our club

For Club Use Only:

Subscriptions Paid:		Team allocated to player:	
Team Coach:			
Parent Volunteer Role:			