

# CHRISTCHURCH FOOTBALL CLUB (YOUTH)



Members Registration Form

Mini Soccer section

Age Group \_\_\_\_\_

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Home Tel. No. \_\_\_\_\_

D. O. B. \_\_\_\_\_

School Attended \_\_\_\_\_

## Medical Details

Please indicate any medical conditions we should be aware of, eg Allergies, Asthma, etc.

## Parent/Guardian Details

Please cross out non applicable

Mr.                      Mrs.                      Miss                      Ms.                      Other (please state) \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Emergency Contact No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

E Mail: \_\_\_\_\_

IN THE EVENT THAT THE ABOVE NAMED PERSON CANNOT BE CONTACTED, PLEASE GIVE TWO OTHER EMERGENCY CONTACT NAMES AND NUMBERS.

1. NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

2. NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

## PARENTAL CONSENT

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

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

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

Print Name: \_\_\_\_\_

I agree to be bound by and observe the Club rules/code of conduct and the rules of the Football Association, affiliated leagues and all competitions in which the Club participates.

I enclose £ \_15\_ as a membership fee (repayable if application is unsuccessful)

I consent to disclosure by the FOOTBALL ASSOCIATION

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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