CHRISTCHURCH FOOTBALL CLUB (YOUTH)

Members Registration Form 11 a side 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: _____