

MEDICAL DETAILS

Please indicate if you have any medical conditions we should know about (e.g. asthma)

.....
.....

EMERGENCY PARENT/CARER DETAILS

Status (please tick) 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 contact names and numbers.

Name Emergency Contact No:

Name Emergency Contact No:

PARENTAL CONSENT

In the event that my son/daughter is injured while playing football/travelling to and from football events and I cannot be contacted on the above number, I hereby give my consent to receive medical attention including possible hospital admission.

Signed Date

Print name and relationship to player

Players G.P Details
.....
.....

I agree to be bound by and observe the Club Rules and the Rules and Regulations of the Football Association Ltd and Football Association, and all competitions in which the club participates.

I enclose £30.00 as a membership fee to be repayable if this application is not successful. I also enclose two passport sized photographs and a copy of my birth certificate/medical card.

I consent to disclosure by County Football Association.

Players signature Date

Parents/Carers signature Date.....