

MEASHAM WELFARE FOOTBALL CLUB

Player Registration Form 2018/19

	U
Attach 1 x Photo Here	

Player Name:			
Team Name:			
Date of Birth:		Age:	
Parent/Guardian Name:			
Home Address:			
Mobile & Home Number:			
Email Address:			
2nd Contact Name / Number:			

Please provide details of any medical conditions that the club should be aware of:

Note: Players must have any required medication with them at all MWFC matches / activities. Although, MWFC coaches are FA Emergency 1st Aid trained, they are not responsible for the administration of required medication for your child.

Tick box if NO medical conditions apply. □

At times images and/or video recordings of teams, squads, players, and/or Managers/Coaches with players may be taken. We adhere to The FA Guidelines to ensure these are safe and respectful and used solely for the purposes for which they are intended, which is promotion and celebration of the activities of MWFC.

Tick box if you consent to the above. \Box

I confirm that I have watched the FA Respect Guide for Parents & Carers and agree to abide by the guidelines. *Video can be viewed at the club website www.meashamwelfarefc.com*

Tick box if you have viewed the FA Respect Guide. □



MEASHAM WELFARE FOOTBALL CLUB

Player Registration Form 2018/19



I, the parent or guardian, consent to the named player being registered with Measham Welfare FC to play association football matches and activities. I and the named player will at all times abide by the Rules and Codes of Conduct as laid down by Measham Welfare FC. I understand that failure to do so may result in my and/or the player's registration being withdrawn.

I accept that team selection rests solely with the team manager, that participation in any Measham Welfare FC activity is at our own risk and that subscriptions are non-refundable. I retain responsibility for the named player at all times.

If the named player is to leave the club or registration withdrawn. I am responsible to ensure that I return the full match kit to the team manager within two weeks of leaving the club.

I shall be responsible for reimbursing the club all administrative costs and fines for misconduct levied by any competition, County FA or The FA against me and/or the other parent or guardian and/or the player indicated on this form and/or any other person who is present as my guest or under my supervision.

How to Pay Your Annual Subscriptions Your son or daughter cannot be registered as a player until MWFC receives this completed Player Registration form with the relevant payment. *PLEASE TICK RELEVANT BOX(s) BELOW.*

Cash or Cheque (Make cheques payable to MWFC and write the player's full name on the reverse).

OPTION 1 - FULL PAYMENT subscriptions to be paid by: 1st July 2018 (Save £10)					
£140.00 for first family play	elayer D £70 for second family player or further family member				
OPTION 2 - PART PAYMENT subscriptions					
First instalment by: 1st July 2	2018+				
£75.00 for first family playe	er £40.00 for second or further family player				
Final Instalment by: 1st November 2018					
£75.00 for first family playe	er £35.00 for second or further family player				
I the parent / guardian of the above named player do herby give my consent for the above named player to participate in contact football and play activities as part of Measham Welfare Football Club.					
Parent / Guardian Name:	Date:				
Signed:					

Please note that information on this form maybe shared to register your child with affiliated County Football Association and nominated Junior Football League. The Clubs Privacy notice can be viewed at www.meashamwelfarefc.com

OFFICE USE ONLY	Date Received:	
Received By:	Total Received:	
Receipt No.	Total Outstanding:	