



MEMBERSHIP FORM 2017/2018 SEASON

Details on this form will be held securely and will only be shared with coaches or others who need this information to meet the specific needs of your child.

Name of child			
Address			
Date of Birth			
Gender:			
Name of Parent/Carer			
Contact number		Mobile Contact	
Email Address			
Emergency Contact Information:			
Alternative Contact 1		Contact Number	
Alternative Contact 2		Contact Number:	
Medical information:			
Any specific medical conditions requiring medical treatment?	Yes – Please provide details:	No:	
Medication required			
Any specific medical condition or disability?	Yes – Please provide details:	No:	

Allergies	Yes – Please Provide Details:	No:
<p>ALL COACHES MUST HAVE SPARE PRESCRIBED MEDICATION IN THEIR KIT BAGS FOR TRAINING AND MATCHES. IT IS YOUR RESPONSIBILITY TO PROVIDE SUCH MEDICATION AND TO ENSURE IT IS UPDATED AS AND WHEN REQUIRED.</p> <p>Consent information: Please tick the relevant boxes below</p>		
<input type="checkbox"/> In the event of an injury whilst on Club property, representing the Club at events, or in any other circumstance where I cannot be reached; I hereby give my consent for my child to receive medical attention.		
<input type="checkbox"/> I agree to the use of any photographs and/or video's as promotional material on the Official Club platforms of Facebook, Twitter, or The Club Website.		
<input type="checkbox"/> I have watched all listed RESPECT videos via The Club Website and agree to adhere to the Clubs Respect Code of Conduct for Parents when spectating. I have also shown my Son/Daughter the Respect Code of Conduct for Children and they have been made aware of the standards of behavior expected.		
<input type="checkbox"/> I have read and understood the Club's Football Policy and have been given an opportunity to ask questions as to how this may affect my child before making a commitment to the 2018 Season.		
Signed		
Print		
Date		