

JUNIOR REGISTRATION FORM 2014/2015 Season

Print all details clearly in ball point pen, one form per player please.

PLAYER FULL NAME.....

ADDRESS.....

.....

Telephone Number..... Date of Birth

Age on 31/8/14

PARENT/GUARDIAN DETAILS

Please could we ask you to take a little time to fill out the following:-

Please note e-mail is the preferred method of communication

Names.....

Phone numbers if different from the above..... Mobile:-.....

E-mail address.....@.....

IN CASE OF EMERGENCY: Please supply contact addresses and telephone numbers.

NAME.....

ADDRESS.....

Relationship..... Telephone Number

ALTERNATIVE CONTACT

NAME.....

Relationship..... Telephone Number

VOLUNTEERS

The Club needs the support of parents to assist in running the team. Please indicate below if you are willing to assist with any of the following:-

- Half Time Teas and Coffees
- Team Training
- Running the Line
- Helping with the Goals and Nets
- Refereeing Games
- Grass Cutting
- Marking Pitches



CHARTER STANDARD CLUBS

JUNIOR REGISTRATION FORM 2014/2015 Season

GREAT HORWOOD FOOTBALL CLUB - RAVENS

CONSENT

PHOTOGRAPHY: I understand that team, training, and match photographs taken by Great Horwood FC officials may be used for publicity/coaching purposes (including publication on the club web site, local newspapers, etc).

KIT & EQUIPMENT: I understand all kit and equipment issued by Great Horwood FC **remains the Club's property** and I will return it to the team coach upon request. If my Child leaves earlier I will return equipment & kit immediately.

DATA PROTECTION: I acknowledge that I am aware of the purpose for which this personal data is required and understand that it will be held in the strictest confidence. I consent to this data being held on an electronic database for exclusive use of the Club.

(Please note that the Club holds data electronically to ease administration).

Please be aware that in line with Child Protection, we reserve the right to carry out random checks on Parents who act as chaperones of children registered with the club, on journeys to and from away games.

MEDICAL HISTORY

If your son or daughter has any medical condition that should be known by the team manager, please give details in the box below. All information will be kept in the strictest confidence. Please print all details clearly in ball point pen

Please note :- if a child is on medication for asthma they must have their inhaler with them when training or playing or else they will not be allowed to participate.

PLAYER FULL NAME.....

MEDICAL DETAILS:

INHALER USED : Yes No

Costs:- *subject to agreement at AGM in June 2014*

Under 7's £80 Under 9's to 16's £95 Under 18's £40 plus £3 match fee

Sibling = £10 discount – Name of Brother(s) or Sister(s)

NB. Optional end of season tournaments are additional cost to the above.

- I am responsible for any fines imposed by the club, League, Football Association or any other body involved with Football Administration.
- I shall pay the club Subscription by **September 30th 2014** – see payment methods.

N.B. You may need a copy of your birth certificate (no originals please) and a passport size photograph (must be recent). **Check with Team Manager first.**

I confirm I wish to join Great Horwood FC Ravens for the 2014-2015 Season. I will abide by the Club rules and 'Code of Conduct', copies of which are available on the website.

We consent to the above conditions:-

Signature of Player.....

Signature of Parent/Guardian

Date

PLEASE ALSO FILL IN LEAGUE REGISTRATION FORM



**CHARTER
STANDARD
CLUBS**