

Thirsk Falcons Juniors FC – Membership Registration and Parent/Carer Consent Form 2016/2017 season

Players Full Name: Date of birth:

Home address:

Postcode: Home tel no:

We'd like to keep in touch with you by email to keep you informed of club events/fixtures etc. **Please let us have your preferred contact email address.** This will not be shared with anyone not connected with the football club.

Parent/Carer email address:

Medical Details

Please indicate if you have any medical conditions we should be aware of (e.g. asthma). Please note it is the parent / players responsibility to ensure all medications are brought to training / matches.

Emergency Parent / Carer Details

Title: Mr Mrs Ms Other

First Name: Surname:

Emergency Tel No: Mobile no:

In the event that the above named person cannot be reached, please give **two extra emergency** contact names and numbers along with the name of **your Doctors** surgery:

Name: Emergency Contact No:

Name: Emergency Contact No:

Doctors surgery is:

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 numbers, I hereby give my consent for my child to receive medical attention.

My child (only applicable if 12 years old and above) is allowed to return home after training or home matches without adult supervision; Yes No If the No box is ticked parent/guardian must ensure adequate transport is provided.

Signed: Date:

Print Name:

I agree to be bound by and to observe the club rules and the rules and regulations of the Football Association Limited and Football Association, and all competitions in which the club participates. Please tick to confirm your acceptance.

I have also read and understood the clubs Code Of Conduct for parents and players on the club web pages and agree to abide by them. Please tick to confirm you have read these documents.

I agree to pay any disciplinary fines imposed by NRCFA (red or yellow card offenses) on my child. I enclose the appropriate membership fee (repayable if this application is not successful) and consent to disclosure by North Riding County Football Association. Please tick to confirm your acceptance.

I accept that main club playing kit (shirt/shorts/socks) loaned to players remains the property of Thirsk Falcons JFC and are to be returned to the coach / club as requested Please tick to confirm your acceptance.

Parent/Guardian Signature: Players Signature:

- All cheques are to be made payable to **Thirsk Falcons Juniors Football Club**
- Membership fee for 2016/2017 is £85 to be paid on the clubs registration nights of the 4th & 5th July or by prior agreement with the club secretary or your individual team manager. Please note there are no other weekly subs to pay. Any hire of school facilities & tournaments may require a contribution to costs received by the club.
- **Please attach 2 passport photographs and a copy of your child's birth certificate or passport (if not supplied previously)**
- During the season the club may photograph/video events for use on the club website/Facebook/Twitter page. If you do not want your child to be photographed/video recorded please notify the team manager/coach and club secretary in writing.