



REGISTRATION FORM

Player

First Name: _____ Surname: _____

Date of Birth: _____ Team: UNDER 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐

School: _____

Football Club(s): _____

I have read and understand the code of conduct for players and agree to be bound by them. I agree to be treated by the club medical team and will follow their medical advice. I also understand that my picture will be taken for use by the team for internal club use and external website and advertising purposes.

Player Signature: _____ Date: _____

Medical, dietary Information and medication details: (if none please state that)

Parents or Guardians PRIMARY CONTACT-

First Name: _____ Surname: _____

Address: _____

Home Tel: _____ Mobile: _____

email: _____

I have read and understand the code of conduct for Parents/Guardians and agree to be bound by them. I also understand that any other adults/children that will watch the player named above will also be bound by the code of conduct and it is my responsibility to make them aware of the code and its contents. I agree to the player named above to be treated by the club medical team and we will also follow their medical advice. I also understand that his picture will be taken for use by the team for internal club use and external website and advertising purposes.

Signature: _____ Date: _____

SECONDARY CONTACT-

First Name: _____ Surname: _____

Home Tel: _____ Mobile: _____

email: _____

Any other useful information: