



BINGHAM TOWN YOUTH FOOTBALL CLUB

Player Registration Form Season

TEAM			
FULL NAME			
DATE OF BIRTH			
ADDRESS			
		POSTCODE	
SCHOOL ATTENDING			
RELIGION			

ETHNIC ORIGIN (Please Tick)

White Chinese Black British Black African Black Caribbean
 Pakistani Indian Other, Please specify _____

PARENT OR GUARDIAN DETAILS:-

FULL NAME			
ADDRESS (if different from above)			
		POSTCODE	
TEL No (Home)			
TEL No (Mobile)			
EMAIL ADDRESS			

OTHER CONTACT DETAILS (in case of emergency where Parents / Guardians cannot be contacted)

FULL NAME			
TEL No (Home)		TEL No (Mobile)	

Training Subs (Please circle your payment method)

Payment Schedule	First Child	Younger Siblings	Payment Method
Quarterly	£22	£16.50	Cheque / Standing Order
Annually	£88	£66	Cheque / Standing Order

Match Subs

Payment Schedule	First Child	Younger Siblings	Payment Method
Weekly	£2	£1.50	Cash / Cheque

PLEASE CONTINUE ON NEXT PAGE

MEDICAL DETAILS

Medical Details or Disabilities (Learning, Physical or Sensory Disabilities)

Please indicate if you (if you are the player) / your child (if your child is the player) has any medical condition or learning, physical or sensory disabilities or conditions we should be aware of (e.g. asthma, epilepsy, diabetes, allergies etc) and medication if used

Doctors Name and Address

DECLARATIONS

I (Player and Parents / Guardians) have read the **Code of Conduct and Parent / Manager Duty of Care** Policy and fully agree to comply with its contents.

I (Player and Parents / Guardians) give permission for images of my child to be taken and used for advertisement, promotional, publicity, display purposes under the conditions of the "*Football Associations Ten Golden Rules*" Guidelines.

PLEASE TICK

Agree

Disagree

I give permission for the Team Manager, Assistant Manager or Team First Aid Representative to obtain urgent treatment, which may include surgery, recommended by a Doctor or Dentist to proceed without delay for an acute condition to alleviate pain.

Agree

Disagree

SIGNED PLAYER		Date	
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SIGNED PARENT		Date	
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NO PLAYER WILL PLAY FOR BTYFC UNTIL THIS FORM IS RETURNED

TO BE RETURNED TO THE CLUB SECRETARY

NOTE

The above information will be held by the specific team Manager and the Club Secretary for use of the Club Officers (i.e. Chairpersons, Secretary, Treasurer, Club Welfare Officer and First Aid Reps). No information will be given to any third party without parental/guardian consent.