



COLDLANDS COLTS FOOTBALL CLUB PLAYER REGISTRATION FORM



CHARTER STANDARD CLUB

PLAYER INFORMATION

Player's last name:	First name:	Middle name:		
Date of Birth:	Age:	Sex:	<input type="radio"/> M	<input type="radio"/> F
Street address:				
City:			County:	
Post Code:	School:			

PARENT / GUARDIAN INFORMATION

Last name:	First name:			
Street address:				
City:				
Post Code:				
Home Phone No:			Work Phone No:	
Mobile Phone Number:				
E mail address:				

IN CASE OF EMERGENCY

In the unlikely event that we are unable to contact you on any of the above numbers please provide an alternative name and contact details:

Name:	Relationship to player:		
Contact Number:			

In the event that I cannot be contacted on any of the above numbers, I give consent for my child to receive medical attention.

Name:	Signed:		
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MEDICAL DETAILS

Please indicate in the box below any medical conditions that the Club should be aware of **AND ANY** medication taken.

PERMISSION FOR SHARING PHOTOS ON WEBSITE/SOCIAL MEDIA

I do / do not agree	Name:	Signed:	
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PRIVACY POLICY

I have received, read and understood the club's privacy notice. I accept that personal data of both my child and I may be shared with third party organisations as required in order for the club to legitimately fulfil its requirements. I also consent to the club maintaining details of any relevant medical history on file.

I do / do not agree	Name:	Signed:	
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DECLARATION

I agree to be bound by and to observe the Club Rules and Constitution together with any Codes of Conduct, and any policies and procedures in force at the time; the Rules and Regulations of the Football Association and the County FA as well as any leagues and competitions in which the Club/Team participates. I also agree to return any club equipment, kit and clothing and pay all outstanding monies if at any time I cease to play for the Club for whatever reason.

Players signature:	Date:	
Parent/Guardian signature:	Date:	

