



**Club member registration form**

*Please attach a photocopy birth certificate*

Childs name	
Parents/carers names	
Contact Address	
Postcode	
Home telephone number	
Mobile telephone number	
Email address (if available)	
Childs date of Birth	
Second emergency contact name, address and telephone number	
<b><u>OPTIONAL</u></b> Additional needs (Please advise us of any medical or additional needs that you think will assist the club in supporting your child)	
I agree to be bound by and observe the Club Rules and The Rules and Regulations of The Football Association Limited, and all competitions in which the club participates. I have a copy of the Club's codes of conduct and agree to abide by them.	
Signature of parent	

**Parental Consent**

In the event that my son/daughter is injured while playing football, I hereby give consent for my child to receive medical attention

Consent Signature	
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**To be completed by club official only**

Date received	
Birth certificate seen	
Club parents code of conduct given out	
Signature (Club Official)	