



Ryburn United Juniors FC

Family Registration & Consent Form - Season 2016/17



CHILDRENS INFORMATION

Family Name:	First Names:	Dates of Birth:
_____	_____	_____
Address:		

		Post Code:

School(s):		Teams: Under : Under
_____		_____

PARENT / GUARDIAN CONTACT INFORMATION

Name:	Name:
_____	_____
Tel. No.	Tel. No.
_____	_____
Mobile:	Mobile:
_____	_____
e-mail:	e-mail:
_____	_____

ALTERNATE EMERGENCY CONTACT: *Provided in the event that the above named persons cannot be contacted*

Name:	Contact No:
_____	_____
Relationship to Children _____	

MEDICAL INFORMATION

If your children have any known allergy or medical condition, or takes medication on a regular basis, please provide details below. Please also indicate any other special needs your children may have, about which it would be helpful for us to know:

REGISTRATION REQUIREMENTS

Subscription type:	Amount Paid:	Cash	Cheque**	Standing Order
Individual <input type="checkbox"/> Family* <input checked="" type="checkbox"/>	£ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>**cheques payable to Ryburn United Juniors FC</small>				
2 Current Passport Photos	<input type="checkbox"/>	Copy of Childrens Birth Certificates <i>(First time registrations only)</i>		<input type="checkbox"/>

PARENTAL CONSENT

- I hereby give parental consent for the above named child to take part in Ryburn United Juniors FC football activities. I acknowledge the need for my child to behave responsibly. We both agree to abide by and comply with the Rules, Regulations and Codes of Conduct of Ryburn United Juniors FC and the Football Association (The FA).
- I will inform the club of any important changes to my child's health, medication or needs and also of any changes to the contact details provided.
- In the event that the above named child becomes ill or is injured whilst playing or travelling to/from football activities, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.
- I agree to my child's photograph being taken in connection with club activities and used on the internet unidentified or in the Press identified. **Press** Yes / No
Internet Yes / No

(please delete as appropriate)

Signed:	Name:	Relationship to Child:	Date:
_____	_____	_____	_____