

Ryburn United Juniors FC

Player Registration & Consent Form - Season 2018/19

CHILD INFORMATION

Full Name: _____ **Date Of Birth:** _____

Address: _____

Post Code: _____

School: _____ **Team: 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 Child: _____

MEDICAL INFORMATION

If your child has 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 child may have, about which it would be helpful for us to know:

REGISTRATION REQUIREMENTS

Subscription type: Individual **Family*** **Amount Paid:** £ _____ **Cash** **Cheque**** **Standing Order**

* Please complete a separate form for each child

**cheques payable to Ryburn United Juniors FC

1 Current Passport Photos **Copy of Child's Birth Certificate** *(First time registrations only)*

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 authorize 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 Yes Yes

(please delete Yes or NO as appropriate) Press: No Internet: No

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