



PRIORY PARK FOOTBALL CLUB

MEMBERSHIP FORM 2017-2018 SEASON

CHILD'S NAME: _____

AGE GROUP: U14s U13s U12s U11s U10s U9s

DATE OF BIRTH: _____

ADDRESS: _____

POST CODE: _____

HOME TEL (INCL STD CODE): _____

MOBILE: _____

EMAIL: _____

MEDICAL DETAILS

PLEASE INDICATE IF YOU HAVE ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF, E.G. ASTHMA

ANNUAL CLUB SUBSCRIPTION:

I enclose my annual club membership for 2016/17 season of £75

CASH CHEQUE

(Cheque payable to Priory Park Football Club)

This non-refundable fee includes full Priory Park FC football kit, insurance, entry to league. It does not, however, include transport to The Hub in Regents Park. Our weekly subs are £3.

I consent to my son/daughter participating in Priory Park Football Club activity. In the event of illness or injury, 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 needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

Priory Park Football Club is a community organisation and will not be liable for any injury to players during training and games.

PHOTOGRAPHY:

- I understand that photographs may be taken during or at sport related events and may be used in the promotion of sport.

PLAYER'S CHARTER:

- I/We are playing for enjoyment, to be with my/our friends and to make new friends.
- I/We promise to try my/our best to improve my/our skill, to help my/our team mates and to obey the rules of the game.
- I/We enjoy having older people watch me/us play. I/We ask that they applaud rather than criticize my/our efforts and the efforts of our opponents.
- I/We are learning to play a game that should give me/us a lifetime of enjoyment. I/We may have to risk making errors in order to learn. Please give me/us a chance.
- I/We thank the referees for giving time to take charge of our games.
- I/We promise to respect and accept the referee's decisions. I/We ask the older people to do the same.
- I/We promise to respect our opponents. I/We will shake hands before and after each game.
- I/We will not swear/insult/abuse or offend any team mate/referee/official/linesman/umpire/selector/manager/opponent.

I HAVE READ AND AGREED TO EVERYTHING DETAILED ON THIS FORM AND I HEREBY GIVE PERMISSION FOR THE CHILD (NAMED ABOVE) TO BE INCLUDED.

NAME: _____ RELATIONSHIP TO CHILD: _____

SIGNED: _____ DATE: _____ PRINT: _____