



## PRIORITY PARK FOOTBALL CLUB

# MEMBERSHIP FORM 2019-2020 SEASON

CHILD'S NAME: \_\_\_\_\_

AGE GROUP: U16s  U15s  U14s  U13s  U12s  U11s  U10s  U9s  U8s

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 2018/19 season of £100

CASH

CHEQUE

(Cheque payable to Priority Park Football Club)

This non-refundable fee includes full Priority Park FC football kit, insurance, entry to league. It does not, however, include transport to The Hub in Regents Park.

I consent to my son/daughter participating in Priority 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.

Priority 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: \_\_\_\_\_