

PRIORY PARK FOOTBALL CLUB

REGISTRATION FORM

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(PLEASE PRINT CLEARLY)	
CHILD'S NAME:	
AGE: DATE OF BIRTH:	
ADDRESS:	
POST CODE:	HOME TEL (INCL STD CODE):
EMAIL:	MOBILE:
MEDICAL DETAILS PLEASE INDICATE IF YOU HAVE ANY MEDIC	CAL CONDITIONS WE SHOULD BE AWARE OF, E.G. ASTHMA, PREVIOUS FRACTURES, PLEASE BE SPECIFIC.
knowledge that my son/daughter does not be administered where considered be contacted and my child needs treatment or medication. I understinjury caused by or during attendance used for promotional purposes only. I we training session. I agree not to leave my	In the football training activities of Priory Park Football Club, based at The Albert Rec, N22. I confirm to the best of my not suffer from any medical condition other than those listed above. I give permission for medical treatment ered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency stand that the Coaches and Organisers accept no responsibility for any loss, damage to players property or any of any of the Priory Park Football Club training sessions. I understand that my child's photograph may be taken and ill ensure my child has the correct clothing, shin pads, moulds (waterproofs when necessary) must be worn at every y child unattended during the two hour training session, unless I notify the coach/organiser. I understand that Priory nity club and I agree to pay them the £3 contribution (subs) per session each week.
 I/We promise to try my/our best to impr I/We enjoy having older people watch m I/We are learning to play a game that sh I/We thank the referees for giving time I/We promise to respect and accept the I/We promise to respect our opponents. 	ith my/our friends and to make new friends. ove my/our skill, to help my/our team mates and to obey the rules of the game. e/us play. I/We ask that they applaud rather than criticize my/our efforts and the efforts of our opponents. ould 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. to take charge of our games. referee's decisions. I/We ask the older people to do the same. I/We will shake hands before and after each game. and any team mate/referee/official/linesman/umpire/selector/manager/opponent.
I HAVE READ AND AGREED TO EVERYTH	ING DETAILED ON THIS FORM AND I HEREBY GIVE PERMISSION FOR THE CHILD (NAMED ABOVE) TO BE INCLUDED.
PRINT NAME:	RELATIONSHIP TO CHILD:
SIGNED:	NATF.

CONTACT DETAILS: Nicki Hussein (Club Secretary) M: 07976 686 221 E: prioryparkfc@gmail.com W: prioryparkfc.uk 45 Cranley Gardens N13 4LT