



PRIORY PARK FOOTBALL CLUB

REGISTRATION FORM

(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 MEDICAL CONDITIONS WE SHOULD BE AWARE OF, E.G. ASTHMA, PREVIOUS FRACTURES, PLEASE BE SPECIFIC. DOES YOUR CHILD HAVE ANY SPECIAL REQUIRMENTS OR IS THERE ANYTHING ELSE WE NEED TO BE AWARE OF.

I agree to my son/daughter taking part in the football training activities of Priory Park Football Club, based at The Albert Rec, N22. I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those listed above. 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 authorise a qualified medical practitioner to provide emergency treatment or medication. I understand that the Coaches and Organisers accept no responsibility for any loss, damage to players property or any injury caused by or during attendance of any of the Priory Park Football Club training sessions. I understand that my child's photograph may be taken and used for promotional purposes only. I will ensure my child has the correct clothing, shin pads, moulds (waterproofs when necessary) must be worn at every training session. I agree not to leave my child unattended during the two hour training session, unless I notify the coach/organiser. I understand that Priory Park Football Club is a voluntary community club and I agree to pay them the £5 contribution (subs) per session each week.

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 spectators applaud rather than criticize my/our efforts and the efforts of our opponents.
 - 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 spectators 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.
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I HAVE READ AND AGREED TO EVERYTHING DETAILED ON THIS FORM AND I HEREBY GIVE PERMISSION FOR THE CHILD (NAMED ABOVE) TO BE INCLUDED.

PRINT NAME: _____ RELATIONSHIP TO CHILD: _____

SIGNED: _____ DATE: _____