



**FEES:** Please tick/delete as appropriate, Complete Both sides, Attach Payment, Cheques Payable to Felpham Colts FC and return with passport photo and duly signed Codes of Conduct for Player and Parents.

£35	U5 and U6 Social Members includes 3G winter training plus Training fees £1 per session	£115	9 and 11 a side Full Membership
£95	5 and 7 a side Full membership or £35 Social Members (no league registration)	£140	11 a side SCYFL Under 18's Full Membership

Fees Do Not Include 3G Training Unless Stated, Your Manager May Request Advanced Payment With This Form For Winter Training

**Team Name and Age Group**

.....  
 .....

**Team Manager's Name**

.....  
 .....

<b>First Name</b>		<b>Emergency Contact Name</b>	
<b>Surname</b>		<b>Emergency Contact No:</b>	
<b>Date of Birth</b>		<b>Relationship to Player</b>	
<b>Parents/Guardians Email</b>		<b>Male/Female</b>	
<b>Parents/Guardians Name</b>		<b>Players School Year</b>	
<b>Parents/guardians Mobile</b>		<b>September 2018</b>	

	YES	NO
<b>Have you played for a team in another Country</b>		
<b>If so do you have international clearance</b>		

**Players Address in Full Including Postcode**

**Postcode:**

**Allergies and Medication**

**Does Your Child or Has Suffered From Any Of The Following – Please Tick if Yes**

<b>Asthma or Bronchitis</b>		<b>Other Illness or Disability</b>
<b>Heart Condition</b>		<b>Does Your Child Take Regular Medication</b>
<b>Fits, Fainting or Blackouts</b>		<b>Allergies To Any Known Drugs or Medication</b>
<b>Severe Headaches</b>		<b>Any Other Allergies ie Insect Bites, Plasters etc..</b>
<b>Diabetes</b>		

If you answer yes to any question, please give full details on a separate piece of paper, and attach firmly

## Medical Treatment History

	YES	NO
Has your child received vaccination against tetanus in the last 5 years ?		
Is your child receiving medical treatment either your family doctor or hospital ?		
Has your child been given specific medical advice to follow in an emergency ?		

If the answer is yes to any of the above, please give details on a separate sheet of paper (Including dosage of any medicine/tablets)

**Please note:** All medicines brought to matches and training sessions, especially inhalers etc for asthmatics should be clearly labelled with the child's name and team. Your team manager must be notified of any illness or physical injury suffered during the seven days preceding a match.

## Terms and Conditions

The undersigned parent/guardian agrees that ..... (Insert child's name in capitals) is to be allowed to take part in Felpham Colts' training, matches or social events throughout the season and agrees to this child taking part in any or all the activities involved.

All the undersigned understand that Felpham Colts' managers and coaches in charge will take all reasonable care of the players, but they cannot be held responsible for any loss, damage or injury suffered by any person during training, at a match or any social event organised by the club.

The undersigned parent/guardian consents to any emergency medical treatment during training or a match.

All the undersigned will adhere to the Felpham Colts FC code of conduct at all times when representing the club. A copy of this code of conduct is attached to this form and shall be returned with it duly signed by all parties.

I/We understand that the registered player is responsible for the repayment of any fine incurred including Yellow and Red Cards and any other fine imposed by the County FA.

Please Sign to confirm you understand the terms and conditions

	Signature	Date
Parent/Guardian		

## Consent

**NB: Please tick boxes below if you consent to the statements. If the player is aged 13 or above they must also sign below to give their consent, as well as their parent or guardian**

The undersigned parent/guardian consents to the child's photograph being shown on the Felpham Colts' website and local media on the understanding that their name will not be displayed with the photograph. (Please delete this statement if you do not give consent).

I / We consent to our email address and mobile number being used by the club to send out important information via parentmail regarding training, matches, club events and newsletters. Email addresses will only be used for this purpose and will not be supplied to any third parties for sales and marketing purposes. I/We understand that all training wear, playing kit, training equipment supplied by the club remains the property of Felpham Colts and upon leaving the club agree to the return of all such items.

	Name	Signature	Date
Player			
Parent			
Club Official			

**The data on this form including a current photograph, will be kept securely by the Club's Registrations Secretary and shared with the Club Secretary, Team Manager and League Registration Secretary. It will also be put on the FA Whole Game System and FA Full-time. It is required to enable eligibility to play for this team and for contact concerning Club / Team activities.**