

HURSTPIERPOINT FC COLTS



REGISTRATION FORM SEASON 2018 / 19

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| Players Full Name: | Date of Birth: |
| Parent / Carers Full Name(s): | Team played for last season (Age Group): |
| Home Address: Post Code: Email Address – print clearly please | Home tel. no.: Mobile tel. no.: |
| <p>CONSENT: - I hereby give my consent for my son/daughter to play football for Hurstpierpoint Football Club Colts, either at training sessions or at matches home or away. I also agree that my son/daughter and we as parents/carers agree to follow the rules detailed within the club’s constitution, pay any player fines received in full and not bring the club’s name into disrepute at any time..</p> <p>Parent/Carer Signature: _____ Player Signature: (U11’s to U16’s) _____</p> <p>Online Data :- The Club would like to hold players details and Parent/Carer email addresses securely online to facilitate future registration processes. If you do not consent please tick here :- <input type="checkbox"/></p> <p>PHOTOGRAPHY :- If you do not consent to your child’s picture being taken when playing football or at football events, for use in publicity, website etc by Hurstpierpoint FC Colts please tick here: - NO PICTURES <input type="checkbox"/></p> | |
| <p>MEDICAL DETAILS: - Please indicate here if your son/daughter has any medical conditions (e.g. asthma) and if they need to take any medication (e.g. inhaler); also detail any allergies that their Manager should be aware of (e.g. plasters). _____</p> | |
| <p>MEDICAL CARE: - In the event that my son/daughter is injured whilst playing football and I am not in attendance or cannot be contacted, I hereby give my consent for my child to receive medical treatment.</p> <p>Parent/Carer Signature: _____</p> | |
| <p>F.A. REQUIREMENT Has the player ever played or registered with a club outside of England? YES / NO If ‘Yes’, has the player obtained international clearance from the F.A? YES / NO</p> <p>Declaration: ‘I certify that the above information is correct and I consent to the information I have provided on this form being used by the Club for any purposes under the Data Protection Act 1998. I also certify that I do not have any outstanding liabilities with any of the above Clubs I have previously been registered with. I understand that failure to disclose such information or make any false statement will render this registration invalid and liable to sanction’ Parent/Carer Signature: _____</p> | |
| <p>AGE GROUP – please circle U6 U7 U8 U9 U10 U11 U12 U13 U14 U15 U16</p> | |
| <p>REGISTRATION REQUIREMENTS: -</p> <ol style="list-style-type: none"> 1. Photographs - Under 8’s to Under 16’s, require 1 digital photo (headshot) – please email to your manager. 2. Proof of Identity - All players U6 to U16, need to provide a copy of the first page of their passport or copy of birth certificate. If you have already provided this it is not necessary every year. | |
| <p>REGISTRATION FEES: - Fees £100 for U6s to U16 – all fees are non-refundable</p> <p>PAYMENT: - BACS <input type="checkbox"/> Date paid: _____ Cheque <input type="checkbox"/> Cash <input type="checkbox"/></p> <p>BACS details: Ac: 91333285 sort code: 09-01-54 Ref: Age Group + Player name. Cheque payable to - Hurstpierpoint FC Colts with <u>name of player and age group on reverse</u>. <u>Cash payments in an envelope with player name and age group on the front please.</u></p> | |