

Cadbury Heath Youth FC

Founded 1993

(Affiliated to the Gloucestershire F.A.)

Membership and Registration Form - Season 2009/2010

I wish to play for the Under _____ Team of Cadbury Heath Youth Football Club

Personal Details

Name:	Date of Birth:	
Address:	School:	
Post Code:	Mobile No:	
Parent/Guardian:	Phone No:	
Email Address:		
If you do not want your child photographed for publicity purposes please tick here		

Football History

Have you played for any other club? **Yes / No**

Are you currently signed on for any other club? **Yes / No** if yes please state:

Medical Record

Doctor's Name/Surgery:	
Emergency Telephone Number:	
1. Does your child have any allergies? Yes/No if yes please give details	
2. Any conditions requiring medical treatment? Yes/No if yes please give details	
3. Are there any other medical conditions we should know about? Yes/No if yes please give details	
4. Do you agree to your child receiving medication as instructed by an emergency medical or surgical team, including anaesthetic or blood transfusion as considered necessary by the medical authorities present? Yes/No	

Conditions of Application

I understand and agree that membership of the Club is conditional upon the following:

1. My son/daughter and I have read the Club Rules and Code of Conduct displayed on the clubs website and agree to abide by it and accept that the club may impose sanctions against anyone who fails to do so.
2. I agree to pay the training and match subscriptions as set out by the club.
3. I understand that the team selection rests with the manager, and participation in any Club activity is at my own risk.
4. Responsibility for supervision of players will only be assumed by the manager for the period of matches and training.
5. Parents/Guardians of Under 11's or younger must remain with their children at all times or arrange for another responsible adult to do so. Under 12's and older may be left by prior arrangement with the team coach or manager. Parents/guardians leaving their children before or after such sessions retain responsibility even in their absence.
6. I agree to my child receiving first aid if needed.
7. E mail will be used for club information (newsletter) and will not be given to any other organisation.

Declaration

I understand and agree to the above Terms and Conditions

Player's Signature: _____ Parent's Signature: _____

For Club Use

Age Group/Team	Manager	Signing on fee
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