

Brocton FC

TEAM:

MEMBERSHIP REGISTRATION & PARENTAL CONSENT FORM 2018/2019

Player Contact Details:

Name Date of Birth.....
Address..... Post Code.....
Tel (home) School Attended

Medical Details (any medical conditions relevant to our team sporting activities):
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Parent/Relative/Guardian/Carer Details (the usual person to be contacted by Team/Club)

Name.....
Tel (alternative to above) (home).....(mobile).....
Email.....

Emergency Consent

Should my child be injured whilst playing/travelling for BFC events and I cannot be contacted on the above Parent number, I hereby give consent for my child to receive medical attention.

Signed (Parent etc.) Date.....

Print Name.....

I agree to be bound by and to observe the Rules and Policies of Brocton F.C., including the Privacy Policy and Data Protection Policy (see BFC website www.pitchero.com/clubs/broctonfc), Staffordshire FA, the Football Association Limited and all competitions in which the Club participates.

I enclose £[] as the 2018/2019 season membership fee and consent to disclosure of the above personal data to the Staffs FA via the FA WholeGame system, and other bodies set out above. (Cheques payable to Brocton FC)

Signature Parent (if applicable)..... Date.....

Player (if adult) Date.....

Signature (Manager) ID Type Date Seen
The Team Manager is signing to agree confirmation of above and of visual proof of player identity.

Photography

Please tick box if you consent to your child's photograph to be taken for team/club records

Please tick box if you consent to your child's photograph to be taken/team photographs which may be placed in the media (e.g. Staffordshire Newsletters) or on the Club website and social media such as the Club Twitter account