

Gornal Colts FC

Membership Registration Form/Parental Consent Form

Players Details

Full Name:

Home Address:

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Post Code:

Telephone Number:

Email Address:

D. O. B.

Medical Details

Please indicate if your child has any medical conditions we should be aware of (e.g. asthma)

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Emergency Parent/Carer Details

First Name:

Surname:

Emergency Contact Number:

Mobile Number:

In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers:

Name: Emergency Contact No.

Name: Emergency Contact No.

Parental Consent:

In the event that my son/daughter is injured whilst playing/travelling to and from football events and I cannot be contacted on the above number, I hereby give permission for my child to receive medical attention.

Signed: Date:

Print:

I agree to be bound by and observe the Club Codes of Conduct and The Rules and Regulations of the Football Association Limited and Football Association, and all competitions in which the club participates.