



FARRINGDON DETACHED

YOUTH & COMMUNITY FOOTBALL CLUB

MEMBERSHIP REGISTRATION & MEDICAL CONSENT FORM

Please complete ALL details in block capitals.

PLAYERS NOT COMPLETING THIS FORM ARE INELIGIBLE TO PLAY FOR FARRINGDON DETACHED Y.C.F.C. UNTIL COMPLETED.

PLAYER CONTACT, SCHOOL & PLAYING POSITION DETAILS

PLAYERS FULL NAME:								
DATE OF BIRTH:								
HOME ADDRESS:								
POSTCODE:		CONTACT TELEPHONE NUMBER:						
SCHOOL NAME:					CURRENT YEAR GROUP:			
PLAYING POSITION:	GOALKEEPER	<input type="checkbox"/>	DEFENDER	<input type="checkbox"/>	MIDFIELDER	<input type="checkbox"/>	FORWARD	<input type="checkbox"/>

ETHNIC ORIGIN

WHITE	<input type="checkbox"/>	INDIAN	<input type="checkbox"/>
BLACK AFRICAN	<input type="checkbox"/>	PAKISTANI	<input type="checkbox"/>
BLACK CARIBBEAN	<input type="checkbox"/>	CHINESE	<input type="checkbox"/>
BLACK OTHER (please state below)	<input type="checkbox"/>	OTHER (please state below)	<input type="checkbox"/>

IF 'OTHER' OPTION SELECTED ABOVE, PLEASE STATE ETHNIC ORIGIN HERE

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REGISTRATION AGREEMENT (PLEASE READ & SIGN)

I agree to be bound and to observe the Club rules and codes of conduct as set out in the Club Constitution and the Rules and Regulations of the Football Association Limited and Durham County F.A. and all competitions in which the Club participates. I also agree to support the FA RESPECT Campaign.

See www.farringdondetachedyacfc.com for all Codes of Conduct and Rules.

See www.thefa.com for rules and the RESPECT Campaign.

- I consent to the processing of this information, in strict accordance with the Data Protection Act 1998.
- I give consent for appropriate player photographs to be used in club material strictly in pursuance of the FA policy regarding the use of images. Full details can be found at www.thefa.com or by contacting the Club.
- I understand that Farringdon Detached has Insurance for Public Liability but **not** for personal belongings or personal accident or (which must be purchased from the Durham County F.A. by paying a £1 when signing on with Farringdon Detached F.C. Club).

AS A CONDITION OF MEMBERSHIP WE EXPECT ALL MEMBERS OF FARRINGDON DETACHED F.C. TO RESPECT ALL COACHES, STAFF, VOLUNTEERS AND PROPERTY CONNECTED TO FARRINGDON DETACHED F.C. AND ANY FACILITIES USED BY MEMBERS OF FARRINGDON DETACHED F.C.

SIGNATURE:

DATE:

EMERGENCY CONTACT/PARENT/CARER DETAILS

In an emergency we will attempt to contact the person named below first.

CONTACT NAME:			
CONTACT NUMBER 1:		CONTACT NUMBER 2:	

If the above-named contact cannot be reached, please give two additional emergency contacts.

CONTACT NAME 1:		CONTACT NUMBER:	
CONTACT NAME 2:		CONTACT NUMBER:	

PARENTAL CONSENT: MEDICAL ATTENTION

If my child is injured whilst playing football/travelling to and from football events and I cannot be contacted on the above numbers, I hereby give consent for my child to receive medical attention.

SIGNATURE:

PRINT NAME:

DATE:

IMPORTANT INFORMATION ABOUT SUBSCRIPTIONS FOR PARENTS, CARERS & PLAYERS

*** SUBS are £5-00 EVERY WEEK for 50 WEEKS of the year with 2-weeks holiday each year.**

SUBS MUST BE PAID EVEN IF THERE IS NO TRAINING/MATCHES OR BOTH.

This to cover overheads, such as: League fees, Durham FA affiliation fees, pitch fees, training costs, Referee fees, Player of Month Trophies, End of Season Trophies & general running costs,

Only not to be paid if a player is out injured whilst playing for club or, if player/s miss training & matches due to illness.

PLAYERS FALLING BEHIND WITH SUBS PAYMENTS MAY BE SUSPENDED BY FARRINGDON DETACHED F.C. CLUB MANAGEMENT. (SEE FARRINGDON DETACHED RULES ON WEBSITE)

PLEASE NOTE: ALL KIT SUPPLIED BY FARRINGDON DETACHED F.C. REMAINS THE PROPERTY OF FARRINGDON DETACHED UNLESS AGREED BY THE CLUB MANAGEMENT COMMITTEE OR IF BOUGHT BY A PLAYER. ALL KIT MUST BE RETURNED IF A PLAYER LEAVES THE CLUB.

AGREEMENT: SUBSCRIPTIONS

By signing this agreement, I declare that I understand the cost and frequency of payment of club subscriptions.

SIGNATURE:

PRINT NAME:

DATE:

MEDICAL INFORMATION

This information requested below must be given for the child or adult named on this form.

		YES	NO
Does the adult/child suffer from fainting attacks or blackouts?			
Does the adult/child suffer from epilepsy?			
Does the adult/child suffer from asthma or hay-fever?			
Does the adult/child suffer from diabetes?			
Does the adult/child suffer from ear trouble?			
Does the adult/child suffer from any allergy? (if yes , please give further information below)			
ALLERGY:			
IS THERE A PROCEDURE TO DEAL WITH THIS?			
Does the adult/child suffer from any medical condition not listed above? (if yes , give information below)			
MEDICAL CONDITION:			
DO ANY SPECIAL ADJUSTMENTS NEED TO BE MADE BY THE CLUB?			
Is the adult/child taking any medication or receiving any medical treatment? (if yes , please give further information below)			
TYPE OF TREATMENT:			
NAME OF MEDICATION:			
DOSAGE AMOUNT AND HOW OFTEN?			
NAME OF DOCTOR:			
ADDRESS:			
POSTCODE:		DOCTOR'S TELEPHONE NUMBER:	

PARENTAL CONSENT: MEDICATION

If any prescribed medicines listed above need to be administered under the supervision of an adult, I give my permission for the group leader(s) to administer it on my behalf at the dosage and at the times I have indicated. The person signing this declaration must have parental consent.

SIGNATURE:	
PRINT NAME:	
DATE:	