



Registration Form

please print clearly

Full Name

Home address

Home telephone number

Postcode

Date of Birth

Gender (please tick) Male Female

Days on course Wed 15th Feb Thurs 16th Feb Fri 17th Feb

Player Position (If applying as a playing member -not applicable)

Goalkeeper Defender Midfield Forward

Medical Details

Please indicate if you have any medical conditions we should be aware of (e.g. asthma)

Doctors Name & Number

Emergency Parent/Carer Details

Status (please tick) Mr Mrs Ms Other

First Name Surname

Emergency Telephone No. Mobile Number

In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers and their relationship (e.g. aunt, neighbour friend):

First Name Surname

Emergency Telephone No. Mobile Number

First Name Surname

Emergency Telephone No. Mobile Number

Parental/Carer Consent

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

Signed Date

Print Name

Signature