



Norrithorpe Juniors & Junior Bees Football Club



Charter Development Club

PLAYING MEMBERSHIP FORM Season

Norrithorpe Juniors & Junior Bees Football Club adopt and adhere to the **FA Child Protection and Best Practice Guide**. This application form ensures that all relevant areas of the guide are followed. Each playing member must have completed and returned a copy of this application form to the Club Registration Secretary prior to the commencement of Season (1st Sept).

Parents/Carers should retain a copy of the parents/carers sheet for information. When filling in this application please use **BLOCK CAPITALS**.

Players Name Team.....

Age Group.....Coach.....

Date of Birth School Year

Parent/Carers Name

Players Permanent Address

.....

..... Post Code

Home Telephone Number Mobile

Email

Alternative Contact &

Address.....

.....

Home Telephone Number

Mobile.....Email.....

Please complete this part of the application by ticking each box.

I agree to my son/daughter/child in my care taking part in the activities of the Club.

I confirm that my son/daughter/child in my care will comply with the Club rules.

I confirm I understand the spirit of the parents/spectators code of conduct and will comply with the same.

I give consent to the use of photography and video of Club games /events / coaching in which my son/daughter/child in my care are participating.

I will make sure that subscriptions are paid in accordance with the Club Constitution

I understand I will be kept informed of all activities of the Club at all times via newsletter or Club Website www.norristhorpe-soccer.net.

I understand that in the event of any injury or illness to my son/daughter/child in my care, all reasonable steps will be taken to contact me and to deal with that injury/illness appropriately. Should I not be available to give consent for the emergency contact (if available) or team manager to make a decision on appropriate care.

I agree that should my son/daughter/child in my care leave the Club that they will return all kit and equipment they hold belonging to the Club back to the team manager. I also understand that all subscriptions/monies owed to the Club must be paid in full before another Club may be joined.

Parent/Carers Name

SignatureDate.....

For statistical purposes we also need to record information on disability and the club would be grateful if you would completed the next section.

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with a physical or mental impairment, which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.

Does your child/young person have a disability? Yes () No ()

If yes what is the nature of the disability

Visual impairment () Hearing impairment ()

Physical disability () Learning disability ()

Multiple disability () Other (please specify) ()

Medical Information

Does your child/young person experience any conditions requiring medical treatment and/or medication?

Yes () No ()

If yes please give details below

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Does your child/young person have any allergies?

Yes () No ()

If yes please give details below

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Does your child/young person have any specific dietary requirements?

Yes () No ()

If yes please give details below

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Please provide any further information you feel is necessary

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I confirm to the best of my knowledge that my child/young person does not suffer from any medical condition other than those detailed overleaf. I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

Name of parent/Guardian

Signed Date