

# Astley & Buckshaw Junior Football Club – Membership Form 2017/18

Player Name: ..... Parent Name: .....

Address: .....  
.....

Tel Number: .....

Email: .....

Date of Birth: .....

Team applying for, 2017/18 season: ...Development Squad.....

Medical Details:  
.....  
.....  
.....

Emergency Contact 1 Name: .....

Mobile Number: .....

Emergency Contact 2 Name: .....

Mobile Number: .....

Parental/Player Consent – In the event my child is injured during club activities and I cannot be contacted on the above number I hereby give consent for my child to receive medical attention. I agree to be bound by & observe the club rules, including the rules stipulated in the club, parent and player contracts and the club exit policy. ( Please see club website for details ). The rules and regulations of the FA, including the RESPECT campaign. I consent to my child being photographed/recorded by club officials for use on the club website, league website or county FA. I consent to disclosure by the County FA.

I agree to pay membership fees, by standing order, of £10:-

Parent Signature: .....

Date: .....

Player Signature: .....