



**F.C.F.C.**

# Felpham Colts Football Club

## **MEMBERSHIP FORM SEASON 20010/11**

Fees [please tick/delete as appropriate and attach payment]

- £30 Full League registration - or -  £20 Social Members (no league registration)
- £80 (11 a side) Full Season Registration & Match Fee (Does not include training or 6-a-sides)
- £60 (7 a side) Full Season Registration & Match Fee (Does not include training or 6-a-sides)

Please make cheques payable to Felpham Colts FC

*Please complete both sides of this form in full and return to your team manager as soon as possible*

Team (name and age group): \_\_\_\_\_

Team manager: \_\_\_\_\_

### **Player details**

First name: \_\_\_\_\_ Parent's email: \_\_\_\_\_

Surname: \_\_\_\_\_ Parent/guardian's name: \_\_\_\_\_

Date of birth \_\_\_\_\_ Parent's mobile no: \_\_\_\_\_

Address: \_\_\_\_\_ Emergency contact name: \_\_\_\_\_

\_\_\_\_\_ Relationship to player: \_\_\_\_\_

Town: \_\_\_\_\_ Emergency phone no: \_\_\_\_\_

County: \_\_\_\_\_ Player's school \_\_\_\_\_

Postcode: \_\_\_\_\_ Player's school year(Sept10) \_\_\_\_\_

Home phone: \_\_\_\_\_ Male/Female: \_\_\_\_\_

### **Allergies / medication**

**Has your child had, or presently suffer from, any of the following:**

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma or bronchitis       | <input type="checkbox"/> Other illness or disability   |
| <input type="checkbox"/> Heart condition            | <input type="checkbox"/> Does your child take regular medication                             |
| <input type="checkbox"/> Fits, fainting or blackout | <input type="checkbox"/> Allergies to any known drugs or medication                          |
| <input type="checkbox"/> Severe headaches           | <input type="checkbox"/> Any other allergies, e.g. material food, insect bites, plasters etc |
| <input type="checkbox"/> Diabetes                   |  |

*If the answer is yes to any of the above, please give details on a separate sheet of paper which should be firmly attached.*

Please turn over

### **Medical treatment history**

Has your child received vaccination against tetanus in the last 5 years? YES / NO

Is your child receiving medical treatment of any kind from either your family doctor or hospital? YES / NO

Has your child been given specific medical advice to follow in an emergency? YES / NO

*If the answer is yes to any of the above, please give details on a separate sheet of paper (Including dosage of any medicine/tablets)*

#### **Please note:**

All medicines brought to matches and training sessions, especially inhalers etc for asthmatics, should be clearly labelled with the child's name and team.

Your team manager **must** be notified of any illness or physical injury suffered during the seven days preceding a match.

#### **Consent**

The undersigned parent/guardian agrees that ..... *(Insert child's name in capitals)* is to be allowed to take part in Felpham Colts' training, matches or social events throughout the season and agrees to this child taking part in any or all of the activities involved.

All of the undersigned understand that Felpham Colts' managers and coaches in charge will take all reasonable care of the players, but they cannot be held responsible for any loss, damage or injury suffered by any person during training, at a match or any social event organised by the club.

The undersigned parent/guardian consents to any emergency medical treatment during the course of training or a match.

The undersigned parent/guardian consents to the child's photograph being shown on the Felpham Colts' website on the understanding that their name will not be displayed with the photograph. (Please delete this statement if you do not give consent).

All of the undersigned will adhere to the Felpham Colts FC code of conduct at all times when representing the club. A copy of this code of conduct is available to view at [www.felphamcolts.com](http://www.felphamcolts.com)

Parent/guardian

\_\_\_\_\_

Print name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Player

\_\_\_\_\_

Print name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

On behalf of  
Felpham Colts  
Football Club

Sue Hawthorn

Print name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Felpham Colts Football Club checklist

- Last year's registration card  New Photograph (1 for existing Felpham Colt with a card -2 for all others)
- Passport/ Birth Certificate/ Medical card for all players WITHOUT a Felpham Colts ACYFL Registration Card (Managers should hold these for all players who competed in league matches last season)