

Membership Registration Form

Team Details	
Players Full Name	
Address	
DOB	
Contact Number	
Email Address	

EMERGENCY CONTACT DETAILS

Full Name		
Address		
Contact Number		
Email Address		
RELATIONSHIP WITH PLAYER		

IN THE EVENT OF AN EMERGENCY, WILL YOU GIVE PERMISSION FOR YOUR CHILD TO RECEIVE EMERGENCY FIRST AID?	YES	NO
KNOWN MEDICAL CONDITIONS		
KNOWN DISABILITIES		

I AGREE TO BE BOUND BY AND OBSERVE THE CLUB RULES, ALSO TO THE RULES AND REGULATIONS OF THE FOOTBALL ASSOCIATION LTD & THE COUNTY FOOTBALL ASSOCIATION AND IN ALL COMPETITIONS THE CLUB 'WYRLEY JUNIORS FC' PARTICIPATES IN

I enclose £_____ as a membership fee, I consent to disclosure to the *County Football Association*

NAME _____ SIGNATURE _____ DATE ____ / ____ / ____

This information will be destroyed once it has been recorded

[illegible]

