

COMBER REC YOUTH FC PLAYER MEMBERSHIP FORM 2017/18 SEASON

(For club records only)

Player Full Name: Age Group:

D.O.B: ____/____/____

Home Address:

Home Telephone No:

Mobile Telephone No (Parent):

Does your child suffer from any medical conditions or allergies that the team Management should be made aware of? Yes No

*If you answered **yes** please give further details below.*

Membership Fee Paid? (£30 per player) Yes No

Parents/Players Code of Conduct Signed? Yes No

Please note – code of conduct must be signed in order to be fully registered and cleared to play for Comber Rec Youth FC.

Do you give permission for your child's image (photograph) to be used on the clubs Website/Facebook page? Yes No

Do you give permission for your child to receive basic first aid by a qualified Comber Rec Coach if necessary? Yes No

Parent Signature:

Player Signature:

