

# 2024/25 Player Membership

PLEASE COMPLETE IN BLOCK CAPITALS



## PLAYER

Age on 31 <sup>st</sup> Aug of the relevant season	5yrs	6yrs	7yrs	8yrs	9yrs	10yrs	11yrs	12yrs	13yrs	14yrs	15yrs	16/17yrs
Age Group (circle)	Dev	U7	U8	U9	U10	U11	U12	U13	U14	U15	U16	U18
Full Name				Date of Birth				FA No. (if known)				
Address 1						Address 2						
Address 3			Address 4					Postcode				
School / College Attended												

## PARENT

Full Name		Date of Birth		Relationship to Player		FA No. (if known)		
Address 1 (if different from above)				Address 2				
Address 3			Address 4				Postcode	
Main Tel. No.		Email Address						
Emergency Contact Tel. No.		Name of Emergency Contact				Relationship to Player		

**Note:** If a child is not living with their parent(s)/carer(s)/legal guardian(s) please contact the Secretary to provide details of the legal status of the child and their current carers.

**HEALTH:** Does the Player have any health needs or medical conditions? (e.g. diabetes, asthma, epilepsy, allergies):

YES / NO (delete/circle) If YES, please provide details:

.....

.....

**COMMUNICATION:** Does the Player have any communication needs that we need to be aware of? (e.g. non-English speaker / hearing impairment / sign language user / dyslexia).

YES / NO (delete/circle) If YES, please tell us what those needs are and how we can help meet those needs:

.....

.....

**RELIGION:** Will the Player's participation in any religion or spiritual practice affect their involvement with the Club and is there anything we need to know to ensure your child's preferences/needs are met e.g. are there any times that they are unable to play, dress codes that we need to follow/support or dietary restrictions that we need to be aware of?

YES / NO (delete/circle) If YES, please provide details:

.....

.....

**PHOTOGRAPHY & FILMING:** I'm happy for the Club to take photos and/or videos of the Player during the season to promote and celebrate the activities of the Club and for training purposes. I understand that I can withdraw my consent for this at any time. YES / NO (delete/circle)

**PARENTAL CONSENT:** I am the abovementioned Player's parent/carers/guardian and give my permission for him/her to join the Club and participate in its activities. I have read and agree to abide by the Club's Rules, Policies, Procedures and Codes of Conduct and confirm that the abovementioned Player (i.e. my child or the child for whom I am a legal guardian) also understands and agrees to abide by the Club's Rules, Policies, Procedures and Codes of Conduct. I accept that it is my responsibility to inform the club directly of any changes to the details provided and am happy for the Club to hold any such information to help ensure the Player's safety and wellbeing. I understand that I can withdraw my consent for this at any time.

Parent's Signature: ..... Date: .....

**Note:** TO COMPLETE THE REGISTRATION A **DIGITAL PASSPORT STYLE PHOTOGRAPH OF THE PLAYER AND A DIGITAL COPY OF THE PLAYER'S PASSPORT OR BIRTH CERTIFICATE MUST BE PROVIDED.**

**Annual Player Subscription (2024/25): £204** payable by Standing Order: **£17 /month** commencing 1<sup>st</sup> week of August  
 Account Name: Readstone United Junior Football Club / Sort Code: 20-15-70 / Account No: 53285502  
 Payment Ref.: Age Group & Player Name (e.g. U12 Billy Smith)