

Membership Registration Form

Name of Club

Full Name

☐

Post Code

Home Tel No (inc STD code)

Date of Birth

E-mail

Signed

Player Position (if applying as a playing member). Please tick

Goalkeeper ☐ Defender ☐ Midfield ☐ Forward ☐

Non-Playing Skills

Coach ☐ Administrator ☐ Fund-raiser ☐ other ☐

Education Details (if applicable)

Headteacher

PE Teacher

School

Address

County

Post Code

Current School Year

Telephone No (STD Code)

E-mail

Medical Details

Please indicate if you have any medical conditions we should be aware of, e.g. asthma

Title (please tick):

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First Name

Surname

Emergency Telephone No

Mobile No

E-mail

In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers

Name

Emergency Contact No

Name

Emergency Contact No

Signed

Print

Date