

# JUNIOR REDS FOOTBALL CLUB

## MEMBERSHIP APPLICATION

Form "A"

*Please complete all the shaded areas clearly and return to your Manager*

<b>Player Name:</b>		<b>Date of Birth:</b>
<b>Male / Female:</b>	<b>Age Group:</b>	<b>Under</b>

**Full Postal Address, including Post Code:**

**Contact Numbers:**

**Home tel No:** \_\_\_\_\_ **Player's Mobile (if any):** \_\_\_\_\_

**Player e-mail address (if any):** \_\_\_\_\_

**Parent Mobile telephone number:** \_\_\_\_\_

**Parent e-mail address:** \_\_\_\_\_

<b>School (name only):</b>	<b>Form:</b>
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<b>Do you or have you had any medical condition the Club should be made aware?</b>	<b>YES/NO</b>
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*If yes, please give brief details below:-*

**Medical Information:-**

General Information	
Are/were you registered with another Club/Academy this/last season ?	<input type="text" value="YES/NO"/>
<i>If you have answered yes please complete the following:-</i>	
Name of Club	Manager's Name
When did you last play ?	League
Do you owe any money to the above Club ?	<input type="text" value="YES/NO"/>
Have you ever been disciplined by any Club ?	<input type="text" value="YES/NO"/>
Have you ever been suspended by a County FA ?	<input type="text" value="YES/NO"/>

**Player's Agreement**

I agree to attend all training sessions and matches as required by my Team Manager, and if I am unable to attend I will notify my Manager in reasonable time.

**Player's Signature** \_\_\_\_\_

**Parental Consent**

I confirm all the above details are correct and I agree to my child joining Junior Reds Football Club.

I fully accept the Manager's decisions regarding team selection etc are final and agree to abide and support them.

I accept responsibility for all kit issued and agree to reimburse the Club for any unnecessarily damaged or lost items.

I agree to pay the Monthly Subscription Fee until membership is cancelled by either party (this includes May to Sept).

I agree to support the Junior Reds Code of Conduct

\*I give permission for the taking and publication of photographs of my Child for use by the Club on any official literature or media coverage (e.g. website). \* = please delete if consent withheld.

**Parent/Guardian Signature** \_\_\_\_\_

Would you be interested in assisting the Junior Reds? If so in which capacity (e.g. Coach; Administrator; Referee; Specialist skills; etc)

**All information will be treated as confidential and will be kept on computer for the sole use of Junior Reds F.C.**

Anyone not paying the fees on time will not be allowed to play in matches & membership will be reviewed.