



# GUISELEY JUNIORS F.C

www.guiseleyjuniors.co.uk

**Guiseley J.F.C**

Please write the Players Name on the back of the cheque along with Age Group and Team Name

## GUISELEY JUNIOR F.C. MEMBERSHIP REGISTRATION FORM (Player) Season 2011/12

Team Managers Name ..... AGE GROUP Under ..... Team Name (Blue, White, etc.) .....

SURNAME : .....

First Names : .....

**ADDRESS:**

Number .....

Street .....

Town .....

Post Code .....

PHONE No: .....

E-MAIL : .....

DATE OF BIRTH : .....

**ETHNIC ORIGIN :**

Other (*Please Specify*)

Pakistani:	Chinese:	Indian:
Black Other:	Black Caribbean:	Black African:
White:		

**EDUCATIONAL DETAILS :**

School Address -

Post Code

Phone Number

School : Current School Year:

Headteacher :

P.E. Teacher :

**MEDICAL DETAILS :**

*Please indicate if you have any medical condition we should be aware of ( e.g. Asthma ).*

**EMERGENCY CONTACT :**

*Please give details of two people who you would like us to contact in an emergency.*

Name	Name
Phone Number	Phone Number

**PARENTAL CONSENT :**

*In the event that my son / daughter is injured whilst playing football / travelling to and from football events and I cannot be contacted, I hereby give my consent for my child to receive medical attention*

**WEB SITE CONSENT:** *Please tick the box if you DO NOT wish your child's photo be published on the clubs website*

**AGREEMENT :**

*I understand that by way of Club Membership I am not automatically entitled to play in any competitive football as entered by the Club. Team selection is by the Team Manager only and his decision is FINAL. I also agree to be bound by and to observe the Club Rules and the Rules and Regulations of The F.A. Ltd and County F.A. and all Competitions in which the Club participates. I also agree that I will not at any time leave my child unattended by a parent or appropriate adult nominated by me; such adult will be advised to the team manager. I confirm that prior to joining the Club I have settled all financial liabilities with any other Club, League and, or The FA (including the return of any kit or equipment)*

**GIFT AID CONSENT:** *Please tick the box for the club to claim gift aid (Must be a UK tax paying resident)*

PLAYER: Print Name ..... Signature: ..... Date : .....

PARENT: Print Name ..... Signature: ..... Date : .....

<b>Admin Use</b>
<b>CHEQUE</b>
<b>CASH</b>
<b>OTHER</b>