



AFC Newbury Football Club

Membership Re-Registration & Parental Consent Form --- Season 2010/11

Section 1 - Player Details

Full name of Player	Squad	D.O.B	ddmmyy	Home Tel.
Home address		Postcode		
Parent / Guardian: Name		Email Address		
Do you have any skills you can offer the club to assist in its operation? : Secretarial / Web Design / General Organisation / Other				

Section 2 - Declaration Statement:

- a) I, as Parent/Guardian, agree to the above named player being registered with AFC Newbury Boys FC. I understand that the player is not permitted to belong to and/or play for another football club in the same league whilst registered as a player with AFC Newbury Boys FC.
- b) I also agree to be bound by and observe the Club's Rules, the Rules and Regulations of The Football Association, the Parent County Football Association, and all of the League and Cup Competitions in which AFC Newbury Boys FC participates.
- c) I also consent to the membership information on this form being passed to the County Football Association, if requested to do so.
- d) I give consent for the player named above to take part in any of the following football activities: Indoor and Outdoor Training sessions; Pre-season team or League selection trials; Pre-season and/or during the season friendly games and all League and/or League Representative football games during the Football season 1st August 2010 to 31st July 2011.
- e) I acknowledge the need for him/her to abide by the Player's Code of Conduct (to be signed separately)
- f) I, and all family members and friends will abide by the Parents / Spectator's Code of Conduct
- g) I agree to inform the Team Manager before any activity starts of any changes in his medical condition during the season.
- h) I agree to my son / daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.
- i) I agree to pay for all fees and fines that my son / daughter incurs due to being booked or sent-off whilst playing for an AFC Newbury team.

Fees for the season: 2010/2011 are:

- £65.00 - for the first Junior Member in a family.
- £40.00 - for a second, and any subsequent Junior Member from the same family.
- £20.00 - for a Junior Member who will train only and not play any league matches.
- £35.00 - for half season registrations (submitted after 31st December 2010).

These fees cover all coaching costs, club administration, pitch booking fees and refereeing costs for league and cup games throughout the season.

These fees do not include any contribution required for floodlit training facilities during the winter months. Further contributions may be requested to cover such costs.

These fees cover the provision of kit which is designed to be used for at least two seasons. Costs for damaged or lost kit during this period will not be met by the club.

Cheques should be made payable to "AFC Newbury Boys FC".

I enclose for Junior Player Membership of the Under Team

Team Managers Name

Other family members Squad

Internal use only:	
League
League Registration number
Reg. Sec. Signature
Date received
Fee received

Signatures: Player.....
Parent / Guardian.....Date:.....



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All sections must be completed.

Section 3 - Medical Information

Players name: _____

Squad: U 's

a. Does your son / daughter have any conditions requiring medical treatment? Yes/No

b. Is he taking any regular medication? Yes/No

If YES, please give details: i.e. Asthma, Allergies [Nuts - use & location of 'ephy pen'] etc.

c. Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary.

d. Is your son / daughter allergic to any medication? Yes/No

If YES, please specify: _____

e. When did you son / daughter last have a tetanus injection? _____

Section 4 - Emergency Contact Details

Emergency contact: _____

Contact telephone numbers (inc. national codes)

Work _____ Work Mobile _____

Home _____ Home Mobile _____

Address (if different to that on page 1)

Alternative emergency contact: _____

Work _____ Work Mobile _____

Home _____ Home Mobile _____

Address _____

Name of family doctor: _____ Telephone No: _____

Address _____

A copy of this form will be taken by the Team Manager to each footballing activity, and should there be an accident, it will be shown/given to the emergency service representative. The original of this form will be retained by the club Registration Secretary.