



FOOTBALL REGISTRATION FORM SEASON 2011/2012

TEAM	
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Please complete and return form with payment to the coach or administrator by **NO LATER THAN 1st October 2011**. Fees are £60 for the season with a reduced payment of £30 for younger siblings, or joining after 31st Dec 2011, or for special circumstances. **No Fee No Play!**

We are sorry but we have had to increase the subscriptions to ensure we can cover the costs of running our club, we are no longer receiving the volume of grants and donations we previously did, because of the current economic conditions. It also costs us in excess of £9,000 per annum to run the club and this has to be covered by subscriptions and fund raising. We are sure you'll agree at £60 for training and games every week, kit, facilities etc. it represents extremely good value for the players.

PLAYER DETAILS (PLEASE PRINT CLEARLY)

PLAYER'S NAME:			
FULL ADDRESS:			
	POSTCODE:		
SCHOOL ATTENDED:	DATE OF BIRTH		
Please inform us of any medical condition that the coaches should be aware of:			

PARENTS/GUARDIANS DETAILS (PLEASE PRINT CLEARLY)

PARENT'S/GUARDIAN'S NAME (BOTH PLEASE)		
TELEPHONE NUMBER:		
MOBILE NUMBERS:		
E-MAIL ADDRESS:		

I enclose £60 FULL PAYMENT or I am eligible for a £30 REDUCED PAYMENT

All payments are due by 1st October 2011

Reason for Reduction - - Sibling at Club / joined after 31st DEC 2011 * delete as appropriate

I agree that my child can undertake football practice and play in games;

I agree to return playing kit and rain-jacket if he/she leaves the club;

PARENT'S/GUARDIAN'S SIGNATURE _____

DECLARATION

I / We consent to any emergency treatment necessary during football. I / We authorise the managers to sign any written form of consent required by the hospital authorities, if the delay in getting my/our signature is considered by the Doctor to endanger my child's health and safety.

1. I confirm that my child is not currently under suspension.
2. My child agrees to abide by the rules published in the Gwent County Combined Youth League Handbook and to abide by the Code of Conduct.
3. I understand that personal insurance for my child is my responsibility.
4. I indemnify my child's club and its members, the league and its members against any claims for accident or injury my child may occur whilst taking part in matches or training sessions.
5. Medical conditions my child suffers from and noted above do not prevent my child from playing association football.

PLAYER'S NAME: (please print)		
PARENT'S SIGNATURE		
PARENT'S NAME (PLEASE PRINT)		
EMERGENCY TELEPHONE NUMBER(S) (must be completed)		