CHINNOR YOUTH COLTS LADIES GIRLS FOOTBALL CLUB

TEAM DETAILS

UNDER

Club REGISTRATION FORM **2009/2010**

NOTE : Complete age group on ALL forms

Please complete the form IN FULL in BLOCK CAPITALS Complete ALL Numbered (1 12) Paragraphs

1. *Where details have been inserted verify that it is correct.*
2. *Where any numbered paragraph is not completed* ***please insert the relevant details. Failure may cause delay***

1. FULL NAME :

2. FULL ADDRESS :

3. POST CODE :

4. Telephone Number
include the dialing code

***PLEASE INSERT AGE ***

5. AGE as at 31st August 2009 =

6. Date of Birth

7. *Insert YOUR email address :* [PRINT]

Insert Parent/Guardians email address : [PRINT]

8. Add any additional information (e.g. allergies illnesses etc..) Please also insert on Parental Consent Form

PLEASE CHECK ALL DETAILS BEFORE RETURNING THE FORM

Parent/Guardian

(A) For the purposes of the F.A. Football Charter **please complete** the attached **parental consent form** & return with this form. Failure to do so without just cause will mean that the player cannot be registered and will not be allowed to play

(B) Parent & Child must (a) read and ABIDE BY the **Code of Conduct Forms**. attached (b) KEEP the forms for reference.

I CONFIRM THAT THE DETAILS GIVEN ABOVE ARE CORRECT
I ACKNOWLEDGE THAT NO RESPONSIBILITY WILL ATTACH TO THE CLUB OR OFFICIALS ACTING ON ITS BEHALF IN THE EVENT OF THE PLAYER SUSTAINING ANY INJURY WHILST INVOLVED ON CLUB ACTIVITIES.
I HEREBY AGREE TO ABIDE BY THE RULES OF THE CLUBAND TO PROCURE THE MEMBER/PLAYER NAMED ABOVE WILL DO SO

9. **Signature Parent/Guardian :** & & & & & & & & & & & & & **Child** (if over 9 years) & & & & & & & & & & & & & &

10. *Please PRINT vour name :*& & & & & & & & & & & & & & *Print Name*

MEMBERSHIP FEE for this season is £ 30. 00

PLEASE MAKE YOUR CHEQUE PAYABLE TO "CHINNOR YOUTH F.C." - Please do not enclose cash

11 . DATE & & & & & & & & & & & ..

12. CHEQUE NUMBER : ..& & & & & & & & & ..

MANAGER PLEASE NOTE - THE MANAGER **MUST** COMPLETE the following :
Managers to tick ✓ box to confirm they have received the Parental Consent Form ☐
Failure to do so will mean that the reaistration form will be returned

Please RETURN this form at your earliest convenience. In the Wycombe and South Bucks League (under 11s and above) to ensure eligibility to play the opening games of the season the form must be with the league 14 days before the beginning of the season. to be sure say by 15th August
***NOTE : NO player is allowed to train or play for the club** unless a Registration Form has been signed and returned together with the membership fee.*