



APPLICATION FORM FOR MEMBERSHIP AND PARENTAL CONSENT FOR FOOTBALL ACTIVITIES

Name of Player: _____

Address: _____

Date of Birth: _____

Contact Telephone No: _____

Name of Parent/Guardian: _____

School Attended: _____

Current School Year: _____

CONSENT FOR FOOTBALL ACTIVITIES

1. Details of football activity: Training, Match's & Tournaments

I agree to _____ (name) taking part in these activities.

I agree to _____'s participation in the activities described.

I acknowledge the need for _____ to behave responsibly and abide by the Rules of the Club.

2. Medical Information about your child

Any conditions requiring medical treatment, including medication? YES/NO

If YES, please give brief details:

SIGNED

(Parent/Guardian): _____ Date: _____