



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 activities: Training, Matche's & Tournaments

I agree to _____ (name) taking part in all activities as above.

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: _____