

BODMIN YOUTH F.C.
Player Registration Form 2013 / 2014



Players Name:

Players DOB: (Dd/mm/yy) Players Age: School Year:

Parent / Guardians Name:

Address:

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Medical Conditions

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Parent Contact Details

- Home Tel: Mobile:
- E-Mail:
- Address:
- Emergency Tel No:

In the event that the above named person cannot be reached, Please supply two extra emergency contact names and numbers:

Name: Emergency Tel no:

Name: Emergency Tel no:

Parental Consent

In the event that my son / daughter is injured while playing football / travelling to or from football events and I cannot be contacted on the above number, I hereby give my consent for my child to receive medical attention. I also agree to be bound by and to observe the Club Rules and the Rules and Regulations of the Football Association Limited and Football Association, and all competitions in which the club participates. This also covers media authorisation for games & tournaments. I enclose £..... As a membership fee, to be repayable if this membership is not successful.

Parent:

- Name (print): Signed: Date:

Player:

- Name (print): Signed: Date: