

BERE REGIS FC PLAYER REGISTRATION FORM

PLAYERS FULL NAME _____

INITIALS _____
ADDRESS _____

POSTCODE _____
DATE OF BIRTH _____

NATIONALITY _____

HOME TEL NO: _____
PARENTS /GUARDIANS CHRISTIAN NAMES

NAME _____ MOBILE _____

NAME _____ MOBILE _____

E-MAIL ADDRESS _____

CURRENT SCHOOL ATTENDED (from 1st Sept) _____

MEDICAL DETAILS

PLEASE INDICATE IF YOUR CHILD HAS ANY
MEDICAL CONDITIONS THAT WE SHOULD BE
AWARE OF

**PLEASE NOTE THAT SHOULD YOUR CHILD
DEVELOP
ANY MEDICAL CONDITION DURING THE SEASON
THAT
WE SHOULD BE AWARE OF YOU MUST INFORM
YOUR
CHILDS TEAM MANAGER IMMEDIATELY**



EMERGENCY DETAILS

IN THE EVENT THAT EITHER PARENT CAN NOT BE
CONTACTED, PLEASE GIVE TWO ADDITIONAL
CONTACT NAMES AND NUMBERS.

NAME _____

NUMBER _____

NAME _____

NUMBER _____

PARENTAL CONSENT

**IN THE EVENT THAT MY SON/DAUGHTER IS
INJURED
WHILST PLAYING OR TRAVELING TO AND FROM
FOOTBALL AND CANNOT BE CONTACTED ON THE
ABOVE NUMBERS, I HEREBY GIVE CONSENT FOR
MY
CHILD TO RECEIVE MEDICAL ATTENTION**

SIGNED _____

PRINT NAME _____

CLUB CODES OF CONDUCT

**I AGREE TO BE BOUND BY AND TO OBSERVE
THE
CLUB RULES/CODES OF CONDUCT AND THE
RULES AND REGULATIONS OF THE
FOOTBALL
ASSOCIATION, THE COUNTY FOOTBALL
ASSOCIATION, AND ALL COMPETITIONS IN
WHICH THE CLUB PARTICIPATES.**

SIGNATURE OF PARENT _____

SIGNATURE OF PLAYER _____

TEAM AGE GROUP UNDER _____

CONSENT FOR USE OF IMAGES THIS SECTION SHOULD BE COMPLETED BY THE PARENT/CARER AND PLAYER

(INSERT PARENT/GUARDIAN FULL NAME)
I CONSENT TO **BERE REGIS FC** TAKING
TEAM AND ACTION PHOTOS OF MY CHILD , I ALSO
UNDERSTAND THE STATED RULES AND
CONDITIONS AND I CONFIRM THAT I AM LEGALLY
ENTITLED TO GIVE THIS CONSENT.
SIGNED

(NAME OF CHILD / PLAYER)
CONSENT TO **BERE REGIS FC**
PHOTOGRAPHING MY INVOLVEMENT IN
FOOTBALL UNDER THE STATED RULES AND
CONDITIONS

SIGNATURE OF CHILD / PLAYER

DATE _____

**ANY BERE REGIS FC KIT ISSUED
TO YOU MUST BE RETURNED TO YOUR
MANAGER
AT THE END OF THE SEASON OR AT SUCH A
TIME
THAT YOU ARE NO LONGER A MEMBER OF
THE
CLUB.**

**IF A PLAYER OR SPECTATOR RECIEVES A
RED/YELLOW CARD OR FINE FROM THE
FOOTBALL ASSOCIATION OR COUNTY
FOOTBALL ASSOCIATION, THE
PARENT/GUARDIAN OR SPECTATOR WILL BE
RESPONSIBLE FOR ITS PAYMENT**