

# BATTYEFORD SPORTING CLUB



## Membership Form - Season 2011/2012

PLEASE PRINT ALL INFORMATION CLEARLY IN INK

Current Team:  Register for Team:  Member ID/DD ref:

Membership Category (Please select) (Playing) / (Non Playing) / (Too Old to Play)

Name:   New or Existing Member:

Address:  DOB:  Information last updated:

Male:

Female:

Town:  Tele #1:  Name #1:

County:  Tele #2:  Name #2:

Post Code:  email:

**MEDICAL** Name of Doctor: Dr.  Tele:

Address:

Q1: Is your child receiving long term medication?

If YES, please state:

Q2: Does your child have any allergies?

If YES, please state:

Q3: Is your child carrying a long term injury?

If YES, please state:

Q4: Does your child have a long term medical problem?

If YES, please state:

**Ethnicity** (Please Circle)

White Indian  
Irish Pakistani  
Black African Bangladeshi  
Black Caribbean Chinese  
Black Other Other

School

**FINANCIAL** Account Active:

Amount Paid: (Cheque / Cash)

Date Paid: dd/mm/yyyy / /

Payment Name:

I/We hereby agree to abide by the Rules and Regulations of Battyeford Sporting Club

If the player is under 18, this form should be signed by the player's parent or legal guardian.

Signature: .....

Name (printed): .....

Relationship to player: .....

Date: .....

Photos Rec'd:  Birth Cert Rec'd:  Handbook Given:

Occasionally photographs and video images may be taken of the football teams at Battyeford Sporting Club. These may be taken for use on the club web site or for use in the local media. In keeping with FA guidelines Battyeford S.C. general policy would be that no names of players will be used relating to these pictures. In certain cases names may be required to accompany pictures (for example if a story relates to specific players), on these occasions further permission will be sought from parents / guardians before any names or pictures are published.

If you do not consent to this please tick here

Siblings:	Memb ID	Name	DOB	Team	Same Address Yes / No
Complete for siblings with other teams	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Checked by Team Manager

Signed: ..... Date: .....

Registration Completed

Signed: ..... Date: .....

Information entered on Database

Signed: ..... Date: .....