



CHASEWELL PARK FOOTBALL CLUB

www.pitchero.com/clubs/chasewellpark



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.org.uk

Membership Registration Form

Full Name _____ **D.o.b** _____

Address _____

Post Code _____ **Home Tel No.** _____

Next of Kin

Mr/Mrs/Ms _____

Relationship _____ **Mob No.** _____

E Mail _____

Mr/Mrs/Ms _____

Relationship _____ **Mob No.** _____

E Mail _____

Doctors Name / Address _____

Any disabilities or conditions we should be aware of: _____

Declarations

We the player and parents/guardians have received and read the Club codes of conducts and agree to fully comply with the contents.

I (parent/guardian) give permission for images of my child to be taken and featured on the Club website as per FA guidelines.

I give the Team Manager, Assistant, or Team First Aider permission to obtain urgent medical treatment, if required.

I agree that all kit and equipment provided, remains the property of Chasewell Park FC and will return it on request.

Signed Player _____ **Date** _____

Signed Parent/Guardian _____ **Date** _____

Chairman: David Morris - 07962 220702 - dsm2408@googlemail.com

ChildWelfare Officer: Justine Carroll - 07852 485788 - justinecarroll@btinternet.com

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