



Moretonville Junior Football Club

Player Registration Form 2010/11



Please print all details clearly in ball point pen and complete one form per player.
 Membership covers 1 playing member and up to 2 adults non-playing.
 By completing this form you have agreed to abide by the Club Rules and Code of Conduct.

Boys/Girls	Age Group	Team Name	
Player Full Name:		Date of birth	
Address:			
Home Telephone:			
Mobile Telephone:			
Email address:			

I confirm that I wish to join Moretonville Junior FC for the 2010/11 season and I agree that I will abide by the Club Rules and Code of Conduct which are included in the club handbook and adhere to the FA Respect guidelines. All non-playing members are also required to undertake some volunteer work in support of the club, for example participating in the car park duty rota.

I understand I am responsible for my fines imposed by the club, League, Football Association or any other Football Administration body.

No player can be registered with the league without first having paid their subscription to the club. All payments must be received by 1st September or players will not be eligible to play for the club.

PLAYER SIGNATURE:	DATE:
PARENT/GUARDIAN SIGNATURE	DATE:

	Payment on or before 11 th July 2010	Payment after 11 th July 2010	If this form is for subsequent child, state team of first child.
Under-7	£64.00	£75.00	
Under-8	£79.00	£90.00	
Under-9 – Under-16	£99.00	£110.00	
Subsequent Child	£55.00	£55.00	

Please pay the FULL amount applicable for the eldest child and £55 for EACH subsequent child, regardless of age. A separate registration form is needed for each child. All cheques should be made payable to 'Moretonville Junior Football Club' with the names and age groups of players on the reverse of the cheque. Payment may be made by three cheques if desired. Dated 12th July, 12th August and 12th September. Note that all personal information held by Moretonville JFC is used only for club administrative purposes.



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PLAYER MEDICAL RECORD, CONSENT AND PARENT DETAILS

If your son or daughter has any medical condition that should be known by your team manager, please give details in the box below. All information will be kept in the strictest confidence.		
PLAYER NAME		
Allergies		
Does player require an inhaler:	YES/NO <i>(Please delete as applicable)</i>	
EMERGENCY CONTACT DETAILS		
	Father	Mother
Name		
Daytime Telephone		
Evening Telephone		
Mobile Telephone		
Email Address		
Other Emergency Contact Details		Relationship to Player

Consents Required	
I/we consent to any necessary emergency treatment being provided.	YES/NO
I/we consent to photographs being taken of your child for club promotional purposes.	YES/NO
Signature of Parent/Guardian:	