



# Crompton FC

CLUB REGISTRATION FORM SEASON 2024-25

The data below is required by the Leagues & County Football Associations  
All data supplied will remain confidential under the terms of the Data Protection Act

\*Team: ..... \* Age group .....

\*Players Name:..... \*Date of Birth: .....

\*Home Address: .....

..... \* Postcode: .....

\*Parents Name: ..... \* Parent Date of Birth: .....

\*Email: ..... \* Mobile Tel No.....

**Medical Data:** Please indicate if you have any medical conditions we should be aware of e.g. asthma

.....

**Every Player Counts:** Please indicate if you have a disability we should be aware of:

.....

**Emergency Contact Details:**

Name..... Relationship to Player.....

Emergency Telephone Number..... Mobile Number.....

In the event of the above named person not being available please give one extra emergency number & contact name.

Name..... Relationship to Player.....

Emergency Telephone Number..... Mobile Number.....

**Parental Consent**

In the event that my son/daughter is injured whilst playing/travelling to or from football events for Crompton FC teams and I cannot be contacted on the above numbers, I hereby give my consent for my child to receive medical attending.

I agree to be bound by and observe the club constitution and rules and the rules and regulations of the Football Association Limited and the County Football Association Limited, and all Competitions in which the Club participates.

I enclose **£25** as a membership fee to be repayable if this application is not successful. I consent to disclosure by County Football Association. Annual subscription 1<sup>st</sup> June – 31<sup>st</sup> May £300 or 12 monthly payments of £25 {standing order only}.

**The club reserve the right to suspend for none payment of subs/fines.**

**All kit supplied remains the property of Crompton FC and must be returned to the club should a player leave.**

**Any and all debt incurred must be repaid before the player will be released to join another club/team**

Signed..... Date..... Print Name: .....

**Gift Aid Declaration**

If you have any objection to donations being declared  
Then please tick the box

**Publicity Photo's**

From time to time we may wish to take photo's of your child  
in a football context only to advertise the club and  
football as a sport if you object to this please tick the box