

CLUB REGISTRATION FORM SEASON 2023-24

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

<u>Team:</u>	<u>Age group</u>
Players Name:	<u>Date of Birth:</u>
Home Address:	
Parents Name:	Parent Date of Birth:
Email:	Mobile Tel No
Medical Data: Please indicate if you have any medical condi	-
Every Player Counts: Please indicate if you have a disabilit	
Emergency Contact Details:	
Name	
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/t contacted on the above numbers, I hereby give my consent	travelling to or from football events for Crompton FC teams and I cannot be for my child to receive medical attending.
I agree to be bound by and observe the club constitution an the County Football Association Limited, and all Competitic	d rules and the rules and regulations of the Football Association Limited and ons in which the Club participates.
I enclose £20 as a membership fee to be repayable if this a Association. Annual subscription 1^{st} June – 31^{st} May £300 or The club reserve the right to suspend for none payment of s	
All kit supplied remains the property of Crompton FC and n	nust 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