

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

Players Name:	Date of Birth:
Home Address:	
Parents Name:	
<u>Email:</u>	<u>Mobile Tel No</u>
Medical Data: Please indicate if you have any me	dical conditions we should be aware of e.g. asthma
Every Player Counts: Please indicate if you have	e a disability we should be aware of:
Emergency Contact Details:	
Name	
Emergency Telephone Number	Mobile Number
In the event of the above named person not bein	g available please give one extra emergency number & contact name.
Name	Relationship to Player
Emergency Telephone Number	Mobile Number
	st playing/travelling to or from football events for Crompton FC teams and I cannot be ny consent for my child to receive medical attending.
I agree to be bound by and observe the club cons the County Football Association Limited, and all	titution and rules and the rules and regulations of the Football Association Limited and Competitions in which the Club participates.
	ole if this application is not successful. I consent to disclosure by County Football ay £192.00 or 12 monthly payments of £16 {standing order only}. yment of subs/fines.
All kit supplied remains the property of Crompto	on 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 Da	te Print Name:
Gift Aid Declaration	Publicity Photo's

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