

Membership Registration Form

PERSONAL DETAILS			
Full Name			
Address			
Post code		Home Tele no	
Date of Birth		E-mail address	
PLAYER POSITION (if applying as new playing member)			
Goalkeeper	Defender	Midfield	Forward
EDUCATION DETAILS			
Head Teacher PE Teacher (if known)			
School Address			
Post code			
Tele no		Current School Year	
MEDICAL DETAILS			
Please indicate if there are medical conditions we should be aware of e.g. asthma			
EMERGENCY PARENT / CARER CONTACT NUMBER			
<u>Full name</u>	<u>Status to member :</u>		
<u>Emergency number</u>	<u>Mobile Number</u>		
In the event the above named person can not be reached, please give two extra emergency contact names and numbers			
Full name and emergency number			
Full name and emergency number			
PARENTAL CONSENT			
In the event that my son / daughter is injured whilst playing football / travelling to and from football events and I cannot be contacted on the number above. I hereby give my consent for my child to receive medical attention.			
I agree to follow Molesey Juniors Code of conduct for Parents/Spectators			
Signed	Date		
Print Name			
I agree to be bound by and to observe the Club's rules, their adherence to the Club's Code of Conduct for players, and the Regulations of the Football Association, County Football Association and all competitions in which I participate.			
I enclose £35 as a membership fee to be repayable if this application is not successful.			
I consent to disclosure by County Football Association			
Members Signature	Date		
Print Name			