

Ballynagross Football Club Youth Registration Form

www.ballynagrossfc.com



Participants Personal Details:

Please complete the following information:

Age Group (U8 or U10)	Players Signature (or parent/guardian)
Mothers Maiden Name:	

Players Details (please complete in full)

Name:	Date of Birth:		
Address:	Post Code:		
	Sex (Male/Female)	M	F
	Code of Conduct Signed	Yes	No
School Attended	Birth Certificate Copy Inc	Yes	No
Tel. Nos. Home:	Mobile:		
Parents/Guardians Name:	Passport Photographs x 2	Yes	No
Email Address			

Additional Emergency Contact Details (parents are strongly advised to give details)

	Name	Tel. No.	Relationship to child
1			
2			
3			

Medical Details

Doctors Name & Address (Optional)			
Medication if applicable:			
Private & Confidential	Is your child allergic to plasters?	Yes	No

Consent Statement

I have completed the medical details and consent to suitably qualified person to administering any medical treatment my child may need during supervision. I also consider my child capable of taking part in any proposed activities. I also accept that any unacceptable behaviour towards other children, to members of staff or to any personal property my child will be excluded from the course/session. I have read the clubs 'code of conduct' and agree that we as a family will abide by those policies set out by Ballynagross FC.

Print Name:	
Signed:	
Date:	

Photography Consent

I consent to my child being 'photographed' at training sessions and or match days with Ballynagross FC. Photos may be used for publication/Web site purposes only and will be taken by an authorised photographer. I consent to my child being 'Transported' in another parents car who has volunteered to transport the players selected to represent Ballynagross FC. They will only be transported with the agreement of team manager/persons in charge.

Print Name:	
Signed:	
Date:	

Club Subscription Agreement

I will try to pay all subscriptions to Ballynagross FC at the beginning of each semester. I understand that subscriptions are for the operations of the club and for training/matches provided. I understand that if we fall behind by twopayments or more we will not be allowed to train or play until such times that they are cleared and up to date.

Print Name:	
Signed:	
Date:	

Payment Options & Amount

	Cash or Cheque	Paypal	Bank Transfer
Please Tick Method			
Please Enter Amount			

All documents must be returned to: Stephen Shields (Chairman) or Team Manager

Updated: 16-09-16