****

**RAMSBURY FOOTBALL CLUB MEMBERS AND REGISTRATION FORM**

**SEASON 2019/20**

(Affiliated to Wiltshire FA)

**I WISH TO PLAY FOR RAMSBURY FOOTBALL CLUB**

**PERSONAL DETAILS:**

**NAME:** ....................................................................................... **D.O.B:**............................................................

**ADDRESS:** ................................................................................ **SCHOOL**....................................................

…................................................................................................................................................................................

…………………………………………………………………………………………………………………………………………….

**POSTCODE:**............................................................................... **MOBILE NUMBER**:....................................

**PARENT / GUARDIAN:**............................................................. **CONTACT NUMBER:**................................

**EMAIL ADDRESS:**......................................................................................................................................................

**IMAGE CONSENT**

I am happy for my child to be photographed for Club publicity / celebratory purposes. Yes / No

\***Please sign the image consent form attached**.

**FOOTBALL HISTORY**

Have you played for any other club? Yes / No

Are you currently signed on for any other club? Yes / No

if yes please state:.................................................

**MEDICAL RECORD**

Doctor’s Name/Surgery:............................................................................................................................................

Emergency Telephone Number:..............................................................................................................................

Does your child have any allergies? Yes / No

If yes please give details:..........................................................................................................................................

Any conditions requiring medical treatment? Yes / No

If yes please give details:..........................................................................................................................................

Are there any other medical conditions we should know about? Yes / No

If yes please give details:.............................................................................................................................................

Do you agree to your child receiving medication as instructed by an emergency medical or surgical team, including anesthetic or blood transfusion as considered necessary by the medical authorities present?

 Yes / No

**Conditions of Application**

I understand and agree that membership of the Club is conditional upon the following;

1. My son/daughter and I have read the Club Rules & Code of Conduct and agree to abide by it and accept that the club may impose sanctions against anyone who fails to do so.
2. I agree to pay the training and match subscriptions as set out by the Club.

**2019/2020 season: -** U7 to U18 - £80 before 01 October 2019, £90 after 01 October 2019. U6 pay £45 or £40 before 01 October 2019.

**\*** Payment can be split into 2 payments if required

1. I understand that the team selection rests with the team manager, and participation in any Club activity is at my own risk.
2. Responsibility for the supervision of players will only be assumed by the team manager for the period of organized training and organized matches.

**Parents / Guardians of Under 11 or younger must remain with their children at all times or arrange for another responsible adult to do so.** Under 12 and older may be left by prior arrangement with a qualified team coach or manager. Parents / guardians leaving their children before or after such sessions retain responsibility even in their absence.

1. I agree to my child receiving first aid if required.

**Declaration:** I understand and agree to the above Terms and Conditions:

Player Signature:..................................................... Parent Signature:............................................................

**RAMSBURY FOOTBALL CLUB - IMAGE CONSENT FORM – SEASON 2019/2020**

Dear Parents / Guardians,

At certain times Ramsbury Football Club may wish to take photos or videos of the team or individuals in it. We adhere fully to the FA Guidelines to ensure these are safe, respectful and used solely for the purposes for which they are intended, which is the promotion and celebration of the Football Club, teams within it and for training purposes.

Name of child…………………………………………………………………………………………………

Date of Birth…………………………………………Age…………………………………………

Age Group………………………………………………………………………………………….

Manager………………………………………………………………………………………………

I give permission for my child to be photographed and have the image used for training and celebration purposes. Yes / No

I am happy for the image to be used for:

· Local and National Media outlets: Y / N

· Social media platforms used by Ramsbury FC: Y / N

· Ramsbury FC web site: Y / N

· Our sponsors ergo management facilities Ltd: Y / N

· FA and N Wilts FA: Y / N

Your child’s image will NOT be used without this written consent.

Parent / Guardian……………………………………………………………............................

Date…………………………………………………………………………………………………

**For Club Use Only**

|  |  |  |
| --- | --- | --- |
| Age Group/Team | Manager | Signing on Fee |
|  |  |  |