



Junior Membership Application, Registration & Medical Consent Form

Full Name _____ **Education Establishment:**
 Address _____ School _____
 _____ **Parent / Guardian Details:**
 _____ Name _____
 Postcode _____ Contact Tel No's _____
 Tel No's Home / Mob _____ **Alternative Emergency Contact & Tel No's:**
 Date of Birth _____ _____
 Medical Details we should be aware of _____

Ethnic Origin: White Black Other (Please tick as applicable)
 Chinese Pakistani
 Black African Indian
 Black Carribean Other _____
 (Please specify)
 Membership Fee Paid (£2 per year): (Please tick if paid)

Code of Conduct for Players.

I have read the Code of Conduct for Grainger Park Boys Club and I agree to abide by these rules.

Signed _____
 Player

Code of Conduct / Medical Consent / Subscriptions / Photographic Consent for Parents.

I have read the Code of Conduct for Grainger Park Boys Club Parents / Guardians and I agree to abide by these rules. (Please tick)

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 above number, I hereby consent to my child receiving medical attention. (Please tick)

I agree to pay subscriptions for my child at the rate levied by the club declared at the commencement of the season whilst my child remains a member of the club. (Please tick)

Photographs may be taken of children for team photos for sponsors, for display in the clubhouse, newspaper articles and the club website. NB Players names will not be directly attributable to photographs.

I agree I do not agree (Please tick one box)

Signed _____
 Parent / Guardian

Data Protection – the information you have supplied will be used solely for administration purposes of Grainger Park Boys Club Football Club. This data will be maintained in accordance with the Act and will not be passed on or sold to any other organisation.