



Senior Membership Application, Registration & Medical Consent Form

Full Name _____

Employment:

Address _____

Title _____

Next of Kin 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

Medical Consent / Subscriptions / Photographic Consent .

In the event that I am injured whilst playing football / travelling to and from football events and my next of kin cannot be contacted on the above number, I hereby consent to receiving medical attention.

(Please tick)

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

Photographs may be taken of me for team photos for sponsors, for display in the clubhouse, newspaper articles and the club website

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

Signed _____

Player

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.