



Membership Application & Registration Form

(For all Managers / Coaches / Committee / Helpers / Volunteers)

Full Name: _____

CRB Check: [] (please tick if completed)

Address: _____

CRB Renewal Date: _____

Coaching Qualifications / Date awarded:

Postcode: _____

Home Tel No: _____

Attended Emergency Aid: []
Course (please tick if completed)

Mobile Tel No: _____

Emergency Aid Renewal Date: _____

Date of Birth: _____

Attended Child Protection: []
Course (please tick if completed)

Ethnic Origin: White []

C P Course Renewal Date: _____
(Please tick as applicable)

Chinese []

Black African []

Black Carribean []

Black Other []

Pakistani []

Indian []

Other (Please specify) [] _____

Medical Details:

Please indicate if you have any medical conditions we should be aware of (e.g. Asthma)

Non Playing Skills: Manager / Coach [] Committee [] Other []
(please tick as appropriate)

Membership Fee Paid (£ 2 per year) [] (please tick if paid)

I have read the Codes of Conduct for Grainger Park Boys Club and I agree to abide by these rules. I also consent to CRB disclosure through the Northumberland Football Association.

Signed: _____

Date: _____

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.