



CLUB YOUTH REGISTRATION FORM

AGE GROUP _____ **TEAM NAME** _____

PLAYERS DETAILS:

*Fields Marked are Mandatory

*FIRST NAME:	
*LAST NAME:	
*DATE OF BIRTH:	
*AGE:	

PARENTS CONTACT INFO:

*FIRST NAME:	
*LAST NAME:	
*MOBILE NO:	
LANDLINE NO:	
EMAIL ADDRESS:	

EMERGENCY CONTACT INFO: (independent to parent contact info)

CONTACT 1	
*FIRST NAME:	
*LAST NAME:	
*CONTACT NO:	
CONATCT 2	
FIRST NAME:	
LAST NAME:	
CONTACT NO:	

MANDATORY
Stick Passport
Photo Here

(Must be a Genuine
Passport Picture not
older than 3 months)

PROOF OF AGE: Managers are required to ask to see proof of age

Name of Document Seen (i.e. Birth Certificate) _____

Managers Signature to verify proof of age seen: _____

MEDICAL INFO:

Please provide club with any known medical issues the club needs to be aware of: i.e. Asthma

Players Signature: _____

Date: ____ / ____ / ____

By Signing this form, you agree as a player to uphold the clubs code of conduct.

PHOTO/VIDEO CONSENT:

May we use your child's photographs on our Social Media Sites?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
May we us your child's photographs on club promotional posters/flyers?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>

Please note that websites can be seen throughout the world and not just in the United Kingdom where UK Laws apply.



CLUB PLAYER REGISTRATION LEGAL NOTICE

PLEASE READ, SIGN AND RETURN TO THE CLUB SECRETARY ALONG WITH COMPLETED PLAYER REGISTRATION FORM.

FAO Parent/Guardian: -

By registering your child with JWFC, you consent to the following:

1. Childs Name, Date of Birth, Age and Known Medical Condition.
2. Your Name, Contact Phone Numbers, Email Address
3. 2 Named Emergency Contacts (names and phone numbers)

To be retained by the club, until such time that your child leaves the club, or you ask for you information to be removed from our records.

The information as stated above will have restricted access to the following club personnel: -

- Club Secretary
- Club Welfare Officer
- Named Team Manager
- One other named Team Assistant Manager/Coach

You also consent to allowing your name and phone number to be stored on your child's named team managers personal mobile phone purely for contacting you in relation to training, matches, emergency contact, notification of club social activities.

Please tick this box if your happy to be added to a social app group (such as WhatsApp) by your child's named team manager for notification of training, matches and club social activities only.

NO other Club Officials, or any third party will have access to this information without your prior consent.

PARENTAL MEDICAL TREATMENT CONSENT:

If In the event that my son/daughter is injured whilst playing football/travelling to and from football events where I am not present and either I or the named emergency contacts cannot be reached, I hereby give my consent for my child to receive medical attention.

By Signing this form, you agree to the above information being retained by the club as outlined in accordance to GDPR Regulations, and to the consent of medical treatment if so required as also outlined above.

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: ____ / ____ / ____

