

The FA Charter Standard Club Programme Membership Registration Form



Cross Gates Lions Football Club Membership registration form

Player Details

Full Name _____

Home Address _____

Post Code _____

Home Tel No (inc STD code) _____

Mobile No. _____

E-mail _____

Date of Birth _____

Signed _____

Education Details (if applicable)

School _____

Address _____

County _____

Post Code _____

Medical Details

Please indicate if you have any medical conditions we should be aware of,

e.g. asthma

Parent/Guardian Details

First Name _____

Surname _____

Emergency Telephone No _____

Mobile No _____

E-mail _____

In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers

Name _____

Emergency Contact No _____

Name _____

Emergency Contact No _____

Signed _____

Print _____

Date _____

PTO

The FA Charter Standard Club Programme Medical Consent Form



Cross Gates Lions Football Club Medical Consent Form

First Name _____

Surname _____

Parental Consent

In the event that my son/daughter is injured whilst playing football/travelling to and from football events and I cannot be contacted, I hereby give my consent for my child to receive medical attention.

Signed _____

Print _____

Date _____