

**FENIT SAMPHIRES FOOTBALL CLUB**

Club Registration Form – Season 2015/2016

Name: ………………………………………………………………………………………………………….

Address: ……………………………………………………………………………………………………….

Date of Birth:………………………………………………………………………………………………..

Home Phone: ……………………………………………………………………………………………….

Parent/Guardian Mobile……………………………..Email:…………………………………………………………………………….

Medical Information (details of allergies, conditions, medications):

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

Any other special needs that would be helpful for managers/coaches to know:

…………………………………………………………………………………………………………………………………………………………….

I the parent/guardian of the above named player, in the event of illness/injury, give permission for medical treatment to be administered where considered necessary by a nominated first aider or suitable qualified medical practitioner. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I understand that photographs will be taken at or during sport related events and may be used in the promotion of sport and/or displayed on the club website.

Signed Parent/Guardian ……………………………………………………………. Date:………………………….

I agree to abide by the code of conduct of Fenit Samphires Football Club

Signed by player:……………………………………………………………………….. Date:………………………….