



LONLAS YOUTH CLUB

Player Registration Form

Full name _____

Home address _____

Post Code _____

Home Telephone Number _____ Date of Birth _____

Ethnic Origin (Please ✓)
White Black African Black Other Indian
Chinese Black Caribbean Pakistani Other (please specify) _____

Player Position (Please ✓)
Goalkeeper Defender Fundraising Other

Medical Details

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

Emergency Parent / Carer Details

Status (Please ✓) Mr Mrs Ms Other

First name _____ Surname _____

Emergency telephone number _____ Mobile number _____

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

Name _____ Emergency contact number _____

Name _____ Emergency contact number _____

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 on the above number, I hereby give my consent for my child to receive medical attention.

Signed _____ Date _____

Print name _____

I agree to be bound by and to observe the Club Rules and The Rules and Regulations of The Football Association Limited and County Football Association, and all Competitions in which the Club participates:

I enclose £ _____ as a membership fee to be payable if this application is not successful.

I consent to disclosure by County Football Association.

Signature _____