

SALISBURY ROVERS REGISTRATION FORM 2020-21



Full Name:

Home Address:

Date of Birth:

Female/Male:

Parent/guardian's details

Name:

Relationship to player:

Telephone No/Mobile No:

E-mail:

If the above-named person cannot be reached, please provide an emergency contact.

Name:

Emergency Contact No:

Medical Details

Please indicate any medical condition/allergies:

Consents

PLEASE READ THE FOLLOWING DECLARATIONS CAREFULLY. THEN TICK AS APPROPRIATE	YES	NO
PHOTOS / VIDEO: I consent to the photographing and publication of images of the above named in accordance with the guidelines set out on Salisbury Rovers FC's website (this includes use on social media) and I confirm that I am legally entitled to give this consent and that the child is not subject to a Court Order.		
MEDICAL CONSENT: In the event of an accident/injury where the club is unable to contact any of the contacts named above, I give permission for the club to sign the authorisation for any medical treatment/procedure required. I also consent to first aid treatment being administered if required.		

SUBSCRIPTIONS:

The annual club membership subscription is £150. This can be paid by 10 monthly instalments of £15. It is a condition of membership that payments must be made by direct debit on 1st of every month from September to June using your child's name as a reference.

Please note: (i) paying by monthly instalments is a benefit provided to assist parents. The balance of the annual subscription becomes payable if you leave the club before the end of the season; (ii) sessions cancelled because of poor weather will not be refunded.

PARENTAL CARE: I acknowledge that I am responsible for my child/ren at all times. If I plan to leave the club site, I must arrange for another adult to take responsibility and I inform a Club official.

Signed (by parent/guardian):

Date:

CONFIDENTIAL MEDICAL INFORMATION FORM



PLEASE ANSWER THE FOLLOWING QUESTIONS	Yes	No
<p>Does your child have asthma?</p> <p>If yes, please ensure your child has their inhaler with them at all sessions. They will not be able to play without this.</p>		
<p>Does your child have epilepsy?</p> <p>If yes, please discuss this further with the Welfare Officer,</p>		
<p>Does your child suffer anaphylactic reactions?</p> <p>If yes, please discuss this further with the Welfare Officer and ensure that an ALLERGY ACTION PLAN is completed.</p>		
<p>Has any close member of your child's family (parent, sibling, uncle/aunt etc) suffered a sudden cardiac event under the age of 35?</p> <p>If yes, please discuss this further with the Welfare Officer,</p>		
<p>Does your child have a condition such as Autism, Asperger's or ADHD?</p> <p>If yes, please discuss this further with the Welfare Officer.</p>		
<p>Does your child have another MEDICAL CONDITION (e.g. an allergy), DISABILITY OR SPECIAL NEED?</p> <p>If yes, please describe below and discuss this further with the Welfare Officer.</p> 		

Signed.....(PARENT)

Dated

PLEASE NOTE THAT ALL THE INFORMATION IN THIS FORM WILL BE KEPT CONFIDENTIAL AND WILL BE USED ON A NEED TO KNOW BASIS IN ORDER TO SUPPORT YOUR CHILD.