

# SALISBURY ROVERS FC MEMBERSHIP REGISTRATION FORM



## Player's details

Full Name:

Home Address:

Post Code:

Date of Birth:

Female/Male:

## Parent/guardian's details

Mr /Mrs/Ms/Other:

First Name:

Surname:

Relationship to player:

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:

### Education Details

Name of School:

Teacher:

Contact details:

School Year:

### Medical Details

**The following information will be treated in total confidence.**

Child's Doctor:

Surgery Address:

Phone Number:

Last Tetanus: (Usually Pre-School)

Please indicate any medical condition/allergies of which a Doctor should be advised:

### Important conditions

**Please read carefully before signing to indicate your agreement:**

#### **CODES OF CONDUCT:**

I acknowledge that I have received the Codes of Conduct for the Club and that I agree to abide by them.

#### **DATA PROTECTION:**

I acknowledge that I am aware of the purpose for which the data set out above is to be held, used and disclosed by Salisbury Rovers FC and that I consent to the holding, use and disclosure of this data.

#### **PHOTOS / VIDEO:**

I consent to the photographing / videoing and publication of images of the above named in accordance with the guidelines set out Salisbury Rovers FC's website and I confirm that I am legally entitled to give this consent. I also confirm that the player named above is not under a Court Order.

**PARENTAL CARE:**

I acknowledge that parents/guardians remain responsible for the children at all times. If I plan to leave the venue then I must arrange for another adult to take responsibility and I must inform a Club official. This is vital in the event of sickness or accident.

**MEDICAL CONSENT:**

In the event of an accident or injury where the cub is unable to contact any of the contacts named above, then I give permission for the club to sign the authorisation for any medical treatment or procedure which may be required. I further consent to qualified first aiders to offer first aid treatment if required.

Signed (by parent/guardian):

Date:

Please contact the Club Secretary at [salisburyroversfc@outlook.com](mailto:salisburyroversfc@outlook.com) or on 07543654971 if you wish to discuss anything further.