Brooklands Youth FC Player Registration Form 2023/24 Please write in capitals and black ink.

Brooklands FC Use only:		
ID Checked		
Photo Taken	i	
FAN or Email	i	
Sign On Fee	i	

Player Information:					
Age Group:	Colour: Blues, Reds	or Yellows	Manager's Name:		
Surname:	Middle Name(s):		Forename:		
Address:					
Town/City:	Post Code:		FA Number (from WGS):		
DOB:	Age (as at 1 Sep 23):		Gender:		
Emergency Contact (I	EC):	Additional E	C:		
Mobile:	4 4	Mobile:			
Parent/Guardian Information:					
Surname:	Middle Name(s):		Forename:		
Address:					
Town/City:	Post Code:	Post Code: FAN:			
DOB:	Email Address (need	Email Address (needed to link/ register to WGS):			
Declaration: "I agree to this application being made and certify that the information I have provided in this form is correct. I agree to be bound by the rules and regulations of The Football Association. For the purposes of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) I acknowledge that: (i) The Football Association will be collecting, sharing and otherwise processing Personal Data, which may include Special Categories of Personal Data (both as defined in the GDPR) about me including such data as set out in this form for the purpose of discharging its functions as a regulatory, administrative and governing body of football and otherwise in accordance with The Football Association's Participant Privacy Policy, which is available on The FA's website at http://www.thefa.com/public/privacy/participants ; and (ii) The Football Association, my Club, League, County FA and (if applicable) Other Football Association will process my Personal Data for the purpose of their football administration functions and otherwise in accordance with The Football Association's Whole Game System Privacy Policy, which is available on The FA's website at http://www.thefa.com/public/privacy/wgsportal . I certify that I do not have any outstanding liabilities with any of the above Club I have previously been registered with. I understand that failure to disclose such information, or make any false statement will render this registration invalid and liable to sanction"					
Player's Signature:		Date:			
Parent/Guardian Signature (If signing for a player U18)					
Parent/Guardian Name:					
Parent/Guardian's Sig	gnature:	Date:			

Medical Details:				
Any conditions, such as of:	diabetes, epilepsy, or a	asthma the club and coaches need to be aware		
Any mental health condit	ions the club and coac	hes need to be aware of:		
		dministered to the above player in the event of an rganised by Brooklands Youth FC.		
Learning difficulties or disabilities				
Any learning difficulties, coaches need to be awar	e of:	BESD or specific requirements the club and place?		
Media Consent Form:				
		ers and the teams we would be grateful for		
	rooklands Youth FC peri	mission to take photographs and /or videos of my		
photography/video filming, purposes to help achieve t	and any reproductions of the club's objectives. This	n FC full rights to use the images resulting from the of the images for fundraising, publicity or other is might include (but is not limited to), the right to use dia, press releases and funding applications.		
Name of Child:		Name of Parent/Guardian:		
Parent/Guardian's Signat	ure:	Date:		
Parent/Guardian Declarati	on:			
play for Brooklands Youth F supplied by the club must be grounds to suggest neglect	C, all match kit (home ar e returned in a clean and of clothing and equipment eplacement items. Furth	the event that my child(ren) no longer wishes to nd away), training kit and/or sports equipment I useable condition i.e. there are no reasonable nt. Failure to return any such items, I acknowledge ermore, I acknowledge my child(ren) will not be ms are returned or paid for.		
month, commencing on 1 Jupay subscriptions equalling	ul 23 through to 30 Jun 2 to two months or more, r is paid. I also acknowled	ed to pay £ No Later Than 3 rd of every 4 (12 monthly payments)¹. I confirm that if I fail to my child(ren) will be suspended from all training dge, that there remains a liability to pay subscriptions		
		manner I will setup a Standing Order (SO) or Directs need to be requested to the Club Accountant by		

Name of Child: Name of Parent/Guardian: Parent/Guardian's Signature: Date:

¹ Total Subs to be paid for the Season is £300. If payment is made in full, a discount of £25 will be applied.

² When setting up SOs, the following reference is to be provided to ensure the accountant can reconcile the accounts. **Age Group, Initial** and **Surname Example:** U12s J Bloggs.