



PEACEHAVEN & TELSCOMBE COMMUNITY ACADEMY

PLAYER REGISTRATION FORM

NAME:

DATE OF BIRTH:

CURRENT SCHOOL YEAR:

EMERGENCY PHONE NUMBER:

RELATIONSHIP TO CHILD:

ALTERNATIVE PHONE NUMBER:

RELATIONSHIP TO CHILD:

EMAIL:

ADDRESS:

CURRENT SUNDAY CLUB:

CURRENT SUNDAY MANAGER:

ALLERGIES/ONGOING ILLNESS:

YES

NO

IF YES PLEASE PROVIDE DETAILS:

CURRENT MEDICATION:

MEDICAL & MAJOR INJURY HISTORY:

I agree / I do not agree that in the event of my child requiring emergency medical treatment the above information may be used by ambulance, and or hospital staff. I will also inform PTCFA of any changes to the above information. Signed _____ Print _____ Date _____

PAYMENT METHOD: WEEKLY @ £5

STANDING ORDER @ £15 PER MONTH

NOTE: free training kit will be provided, when paying monthly.

Standing Order Bank Details: **Sort Code: 20-49-76**

Account: 40875724

shirt shorts socks entered kit ordered

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Traveling

My child will be collected Y / N

My child will go home alone Y / N

please advise of changes

Signed _____ Name _____