 **TRINITY FOOTBALL CLUB**



**Registration Fee**: As agreed at AGM, by bank trf. **Trinity FC Sort Code 090153 A/c No 03182288 quoting team and player name**

**Payment:** Full payment of the Registration Fee should be made at time of registration. Prior to start of the season in special circumstances a minimum of 50% will be accepted at time of registration, with the remaining balance due no later than 31st August before season starts. Please note: **No player will be able to play until the full Registration Fee has been received.**

**Discounts**: £25 discount for 2nd and subsequent child in same family, (oldest child pays full rate).

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| **Player Details: TEAM AGE GROUP Under\_\_\_\_\_\_’s Girls, Blues, Whites, Blacks, Gold, Silver, Yellows, Reds,**  **Lions, Tigers, Leopards, Pumas, Cougars, Panthers (please circle)** | |
| **Surname** |  |
| **First Names** |  |
| **Date of Birth** | **/ /** |
| **Address** |  |
| **Town** |  |
| **Postcode** |  |
| **EMAIL** |  |
| **HOME PHONE** | **MOBILE PHONE** |
| **School/College** |  |
| **MOTHER OR GUARDIAN 1 DETAILS** | |
| **Full Name** |  |
| **Home Phone** |  |
| **Mobile Phone** |  |
| **EMAIL** |  |
| **FATHER OR GUARDIAN 2 DETAILS** | |
| **Full Name** |  |
| **Home Phone** |  |
| **Mobile Phone** |  |
| **EMAIL** |  |
| **EMERGENCY CONTACT DETAILS** | |
| **Full Name** | **1. 2.** |
| **PHONE** | **1. 2.** |
| **MEDICAL CONDITIONS (E.G. ASTHMA, ALLERGIES)** | |
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## Parental Consent

1. In the event that our son is injured whilst playing football or travelling to and from football events we hereby give my consent for our child to receive medical attention.
2. We agree to allow photographs of our son to appear on the club website, match reports and other publicity (Note the club adheres to the FA guidelines on photography).
3. We agree to be bound by and to observe the Club Rules and Codes of Conduct, which are available on the club website (www.trinityfc.com).

Parent(s) signature: \*1. \_2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Parents name:

\*by signing this form you confirm anyone else named on the form or anyone accompanying you to games/training also agree to points 1, 2 and 3 above. Please ensure they are aware.

## Players Consent (optional for players under the age of 10)

I agree to be bound by and to observe the Club rules and Codes of Conduct which are available on the club website (www.trinityfc.com).

Player’s signature: Date: / /