



Team _____

Under _____

Colour _____

Springfields Junior Football Club

Registration form season 2024-2025

Players Details

Players Name: _____

Address: _____

Date of Birth: _____ Age/School Year: _____

Medical

Does the player have any allergies, health conditions or any additional needs which we need to be aware of: (Please circle) **YES / NO**

If Yes please provide details of condition _____

Is the player currently taking any medication (please circle) **YES / NO**

Please state if there is anything else the club needs to know about the player's medical condition

GP's Name and address: _____

GP Phone number: _____

I give consent for the player named above to receive medical treatment by their GP or at hospital in the event of an emergency if I am not present or cannot be contacted (please circle) **YES / NO**.

Parents/Guardians

Parent/Guardians name _____ Mobile Number _____

Parent/Guardian address (if diff to above) _____

Email Address _____

Relationship to child _____ Date of birth _____

Other contact numbers in case of an emergency:

Name/Relationship with child _____ Number _____

Name/Relationship with child _____ Number _____

Email addresses and phone numbers are used by the club for sharing important messages with our members. We also use WhatsApp, Messenger and other social media platforms to share information about the running of our club and teams. If you provide the club with this information, you are providing consent to receive communication from the club in this format.

Social Media Consent:

Springfields FC Officials may take photos or videos of teams and or individuals. We adhere to the FA guidelines to ensure these images are safe and respectful and for the sole purposes of which they are intended, which is promotion and celebration of the clubs activities and or events such as fundraising. Please answer the following questions: (using a circle)

- I agree that Springfields FC can take photos of the named player above, YES / NO
- I agree that Springfields FC can take videos of the player named above, YES / NO
- I understand how Springfields FC may use photos/videos of the player named above YES/NO
- I understand I can withdraw my consent to the above at any time YES / NO

YOUNG PLAYERS – RESPECT CODE OF CONDUCT

When playing football, I will:

- Always play to the best of my ability and for the benefit of my team
- Play fairly – I won't cheat, dive, complain or waste time
- Respect my team-mates, the other team, the referee or my coach/team manager
- Play by the rules, as directed by the referee
- Be gracious in victory and defeat – I will shake hands with the other team and referee at the end of the game
- Listen and respond to what my coach/team manager tells me
- Understand that a coach/team manager has to do what is best for the team and not one individual player
- Talk to someone I trust or the club welfare officer if I'm unhappy about anything at my club

I understand that if I do not follow the Code, any/all of the following actions may be taken by my club, County FA or The FA: I may:

- Be required to apologise to my team-mates, the other team, referee or team manager
- Receive a formal warning from the coach/team manager or the club committee
- Be dropped or substituted
- Be suspended from training In addition:
- My club, County FA or The FA may make my parent or carer aware of any infringements of the Code of Conduct
- The FA/County FA could impose a fine and suspension against my club

Player (signature) _____ Print name _____

Date _____

SPECTATORS – RESPECT CODE OF CONDUCT

We all bear a collective responsibility to set a good example and help provide a positive environment in which children can learn and enjoy the game. Play your part and observe The FA's Respect Code of Conduct for spectators at all times I will:

- Remember that children play for FUN
- Applaud effort and good play as well as success
- Respect the Referee's decisions even when you don't agree with them
- Appreciate good play from whatever team it comes from
- Remain behind the touchline and within the Designated Spectators' Area (where provided)
- Let the coach do their job and not confuse the players by telling them what to do
- Encourage the players to respect the opposition, referee and match officials
- Support positively. When players make a mistake offer them encouragement not criticism
- Never engage in, or tolerate, offensive, insulting, or abusive language or behaviour

I understand that if I do not follow the Code, any/all of the following actions may be taken by my club, County FA or The FA: I may be:

- Issued with a verbal warning from a club or league official
- Required to meet with the club, league or CFA Welfare Officer
- Required to meet with the club committee
- Obligated to undertake an FA education course
- Obligated to leave the match venue by the club
- Requested by the club not to attend future games
- Suspended or have my club membership removed In addition:
- The FA/County FA could impose a fine and/or suspension on the club
- The FA believes that Referees and Assistant Referees should be able to officiate free from the threat of violence or intimidation Any physical assault on a Match Official will result in a lengthy or permanent exclusion from football and possibly a criminal prosecution

Parent/guardian (signature) _____ Print name _____

Relationship to Player _____ Date _____

Payments:

I agree to pay the yearly membership fee of £25 per month for 12 months (Total payable £300), payable by Standing order each month.

Account name: Springfields Junior Football Club

Sort Code: 40-37-25

Account number: 41775081

Reference: First four letters of surname, followed by first letter of forename, then year group.
Example Ollie Gore U12B GOREOU12B

Please understand if your subscription is not paid within the calendar month, directly into the account above, via this method, your child will be unable to train or play any games until payment has been made and received.

Should you have any difficulty in paying please feel free to contact Danielle Gore by email springfields.treasurer@outlook.com or phone 07369253445

Parent/Guardians signature _____ Print name _____

Relationship to Player _____ Date _____

Kit

As the parent/guardian of _____ I am signing this letter to acknowledge receipt of the following items which are provided to my child as a Springfields FC (Delete as appropriate)

X1 Home Football Shirt

X1 Pair of Home Football Shorts **or**

X1 Home Goal Keeper Shirt

X1 Home Goal Keeper Shirt **and**

X1 Socks

I am aware that if there is any damage to the items which is not accidental, I may be charged for a replacement. Also, should my child leave the team I will return the full Kit as listed above or I will also be charged.

Parent/Guardians signature _____ Print name _____

Relationship to Player _____ Date _____