**HITCHIN TOWN YOUTH FC**

NEW PLAYER REGISTRATION FORM 2025-26

When this form is completed please pass this to the Manager or Secretary of your team/your child’s team, along with a photo/scanned copy of the player's passport ID, and a head shot photo of the player.

**PLAYER DETAILS**

|  |  |
| --- | --- |
| PLAYER’S FULL NAME: |  |
| PLAYER’S DATE OF BIRTH: |  |
| PLAYER’S ADDRESS: |  |
| PLAYER’S MOBILE (IF APPLICABLE): |  |
| PLAYER’S EMAIL (IF APPLICABLE): |  |
| PLAYER’S FAN NUMBER (IF KNOWN): |  |

**PARENT/GUARDIAN DETAILS**

|  |  |
| --- | --- |
| PARENT/GUARDIAN NAME: |  |
| PARENT/GUARDIAN DATE OF BIRTH: |  |
| PARENT/GUARDIAN MOBILE: |  |
| PARENT/GUARDIAN EMAIL: |  |

**MEDICAL CONDITIONS**

|  |  |
| --- | --- |
| Please indicate any medical conditions we should be aware of (eg. Asthma or any allergies). |  |
| Please provide any details of medication that the player may need to carry/have with them during training or matches. |  |
| Please indicate if the player has any of the following impairments: Hearing, Visual, Cerebral Palsy, Autism, ADHD, Learning Difficulties, any other Microtropia, stigmatism, lazy eye, squint, etc |  |

**EMERGENCY CONTACTS**

In the event that the above cannot be reached, please give two extra emergency contact names and numbers:

|  |  |
| --- | --- |
| FULL NAME: |  |
| RELATIONSHIP TO PLAYER: |  |
| CONTACT TEL NUMBER: |  |

|  |  |
| --- | --- |
| FULL NAME: |  |
| RELATIONSHIP TO PLAYER: |  |
| CONTACT TEL NUMBER: |  |

**HTYFC RULES (PLEASE READ)**

1. In the event that my son/daughter is injured while playing/travelling to and from football events and I cannot be contacted on the above number, I give my consent for my child to receive medical attention.
2. I do/do not\* (please delete as appropriate) consent to the possible use of my son/daughter’s image being used by the club for its website and/or social media.
3. From time-to-time we may wish to email you with updates and notifications of events linked to HTYFC. Please indicate whether you do/ do not\* (please delete as appropriate) consent to the use of the provided email address for this purpose. Your email address will not be passed to any other third parties.
4. I agree that the above details may be held on a club computer and any medical or other information may be passed to the relevant coaching teams.
5. I agree that players leaving on or after 1st day of December of the playing season will not be eligible for any refund of annual subscription fees.

**FA RESPECT PROGRAMME (PLEASE READ)**

**Players:** It is important everyone behaves themselves when playing football. That’s why The FA is asking every player to sign-up to the following Respect Code of Conduct. When playing football, I will:

* Always do my best, even if we’re losing or the other team is stronger
* Play fairly – I won’t cheat, complain or waste time
* Never be rude to my team-mates, the other team, the Referee, spectators or my Coach/Team Manager
* Do what the Referee tells me
* Shake hands with the other team and Referee at the end of the game
* Listen to my Coach/Team Manager and respect what he/she says
* Talk to someone I trust, for example my Parents/Guardian or the Club Welfare Officer if I am unhappy about anything at my club.

**Parent/Guardians:** We all have a responsibility to promote high standards of behaviour in the game. HTYFC is supporting The FA’s Respect programme to ensure football can be enjoyed by everyone in a safe and positive environment. Play your part and observe the FA’s Respect Code of Conduct for Parents/Guardians at all times. I will:

* Remain outside the field of play and behind the Designated Spectator Area or Respect Line (where provided)
* Never engage in, or tolerate, offensive, insulting or abusive language or behaviour
* Always respect the match officials’ decisions
* Applaud effort and good play as well as success, remembering that children play for fun
* Let the Coaches do their job and not confuse the players by telling them what to do
* Encourage the players to respect the opposition and match officials
* Never criticise a player for making a mistake - mistakes are part of learning.

**PARENT/GUARDIAN CONSENT (PLEASE SIGN)**

We (Player and Parent/Guardian) agree to be bound by and observe the HTYFC rules, the FA Respect Programme and the regulations of all competitions in which the club participates. We agree to observe and be bound by the above HTYFC Rules and FA Respect Programme Player and Parent/Guardian Codes of Conduct:

|  |  |  |  |
| --- | --- | --- | --- |
| PLAYER’S SIGNATURE: |  | | |
| PRINT NAME: |  | DATE: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| PARENT/GUARDIAN’S SIGNATURE: |  | | |
| PRINT NAME: |  | DATE: |  |

**Privacy Notice:** Hitchin Town Youth FC take your privacy very seriously. Our Privacy Notice sets out how we use and look after the personal information we collect from you. We are the data controller, responsible for the processing of any personal data you give us. We take reasonable care to keep your information secure and to prevent any unauthorised access to, or use of it. Our full Privacy Notice can be found on our website.