



## Associate Player Registration

Season 2024/2025

Dear Parent / Carer

Please find below our Club Associate Player registration form for the 2024/2025 season.

This form should be downloaded from the Club's website <https://bluntishamblastersfc.co.uk/>, completed and returned to the Club Secretary at [Jaki\\_davies@btinternet.com](mailto:Jaki_davies@btinternet.com). Please also CC in the Club Treasurer (Helen) at [info@bluntishamblastersfc.co.uk](mailto:info@bluntishamblastersfc.co.uk) and your manager ASAP.

The Club requests that payments are made according to the payment instructions found on page 2 of the registration form.

As part of the registration process, we would request that you also take some time to read over the following documents that can be found on the Club's website.

There are:

- (i) Players Code of Conduct;
- (ii) Spectators/Parents/Carers Code of Conduct; and
- (iii) Privacy Policy.

As you may have noticed, we have had to increase the subscriptions due to rising costs within the Club. Over the past 3 seasons, we have used the Club's reserves to supplement subscriptions instead of raising fees for families. Unfortunately, this is no longer sustainable.

In order to maintain affordable costs for future seasons, we are planning to organise fundraising events. Your support in both assisting with these events and participating in them would be greatly appreciated.

If you have any questions please do not hesitate to contact us by emailing as above.

Thank you.



## Associate Player Registration Season 2024/2025

Team	
Reg complete	

### PLAYER INFORMATION

Name		Date of Birth	
Address		School attended	

### PARENT / CARER INFORMATION

Name and relationship to player		Phone Number	
Email	<i>Please ensure this is completed as this information is required in order to register your child on the FA's Whole Game System</i>		
Date of Birth	<i>Please ensure this is completed as this information is required in order to register your child on the FA's Whole Game System</i>		

### MEDICAL INFORMATION

Please provide details of any medical condition, ailment, allergy, medication, emergency treatment including administration procedures e.g. inhaler, EpiPen	<i>If none, please write "NONE", do not leave blank.</i>
GP's name and surgery	

### ADDITIONAL EMERGENCY CONTACT (please provide an additional contact to the Parent / Carer listed above)

Name and relationship to player		Phone Number	
---------------------------------	--	--------------	--

### CONSENT – to be completed by a Parent/Carer

(YES or NO – delete as applicable)

I consent for the player to receive any emergency medical attention that may be required in the event of injury whilst under the supervision of the Club's team manager/coach. I understand that if I cannot be contacted, the designated Emergency Contact will be informed as soon as reasonably practical. <b>NOTE: If you do not consent, we would ask that you do not leave the player unattended.</b>	YES	NO
I consent to the player's special category personal data provided in the medical information above to be shared with the Club's team manager/coach for the purposes of the delivery of the player's safe participation in Club activity. This data will not be shared by the Club or processed for any other purpose.	YES	NO
I consent to the photographing or videoing of the player's involvement and participation in the Club for the duration of the period shown on this form, for the purposes of publicising and promoting the Club or as a coaching aid.  The Club adheres to The FA guidelines relating to child protection and procedures and will not permit photographs, video or any other image of children to be taken without the consent of the player and parent/carer. The Club will take all reasonable steps to ensure these images are used solely for the purpose they are intended. If you become aware that these images are being used inappropriately, you should inform the Club's Child Welfare Officer immediately.	YES	NO
I confirm that I have received and read the Club's Privacy Policy and consent to my contact details provided above being shared with the team manager/coach for the purposes of (i) training, matches and competition entry and (ii) membership and Club management as defined in the Club's Privacy Policy. The Club takes the protection of the data seriously and will take reasonable care to ensure that data is collected, stored, processed, maintained, cleansed and retained in accordance with current and future data protection legislation.	YES	NO

**ASSOCIATE PLAYER FEES**

Team	Annual payment	Instalment Plan
All Teams	£60	4 payments of £15 per month
All Teams Associate Players joining after 1 <sup>st</sup> February 2025 only	£30	N/A

Any associate player leaving part way through a season, or who gains a long-term injury and is unable to play, should contact the Club's Treasurer at [info@bluntishamblastersfc.co.uk](mailto:info@bluntishamblastersfc.co.uk) to discuss a refund.

**METHODS OF PAYMENT – please confirm how you will be paying the Club's associate player fees by ticking one of the boxes below**

<input type="checkbox"/> Annual Payment via Online Banking	<input type="checkbox"/> Instalment Plan (operated by GoCardless <sup>1</sup> )
Sort Code: <b>60-18-17</b> (NatWest)	Click on the secure link below
Account No: <b>17533953</b>	<a href="https://pay.gocardless.com/AL0001PM7VQC0T">https://pay.gocardless.com/AL0001PM7VQC0T</a>
Account Name: <b>Bluntisham Blasters FC</b>	and follow the instructions to enter your bank account details
<i>Please ensure that you reference your payment with the player's name and team</i>	

<sup>1</sup> The instalment plan will be provided by international service provider, GoCardless. For further information relating to GoCardless please go to <https://gocardless.com/about>. Once you have set up your details, payments can be collected as detailed above. Please note that your bank details remain confidential and will not be shared with the Club. Should you encounter any problems with setting up your bank details, please contact the Club's Treasurer as soon as possible at [info@bluntishamblastersfc.co.uk](mailto:info@bluntishamblastersfc.co.uk)

Please note that the Club will no longer accept cash as a method of payment. Cheques will only be accepted by prior agreement with the Club's Treasurer.

**DECLARATION**

By signing this registration form, both the player and the parent/carer understand and agree to the following: -			
<ol style="list-style-type: none"> <li>To abide by and follow the Club Charter and the associated Club Code(s) of Conduct as issued from time to time;</li> <li>To follow The FA RESPECT campaign to which Club abides;</li> <li>To pay all associate player fees on time and in accordance with the Club's payment policy.</li> <li>To care for and maintain kit issued by the Club and to return kit on request. The Club reserves the right to request payment to replace lost or damaged kit.</li> </ol>			
Player (PRINT NAME)		Parent/Carer (PRINT NAME)	
Date		Date	