

Dear Parent / Carer

Please find below our Club 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. Please also CC in the Club Treasurer (Helen) at 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.



Team	
Reg complete	

PLAYER INFORMATION

LATER INTORNATION					
Name			Date of Birth		
Address		School attended			
Are you registered with or of if Yes, please state the tear	do you intend to play for any other Club in the 2024/ n and league	'2025 season?			
ARENT / CARER INFORM	ATION				
Name and relationship to player		Phone Number			
Email	Please ensure this is completed as we are unable to register the player with the FA without this information				
Date of Birth	Date of Birth of parent/carer is required to be able to link you to your child on the FA's Whole Game System				
MEDICAL INFORMATION					
· ·	y medical condition, ailment, allergy, medication, ding administration procedures e.g. inhaler,	If none, please write "NONE", do no	ot leave blank.		
GP's name and surgery					
ADDITIONAL EMERGENCY	CONTACT (please provide an additional conta	ct to the Parent / Carer listed abo	ove)		
Name and relationship to player		Phone Number			
ONSENT – to be complet	ed by a Parent/Carer		(YES or NO – delete as applicable)		
I consent for the player to re	eceive any emergency medical attention that may be	required in the event of injury whilst (under the supervision of YES NO		

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. NOTE: If you do not consent, we would ask that you do not leave the player unattended.	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

SUBSCRIPTION FEES

Team	Annual payment	Instalment Plan
All Teams	£175	£30.00 "one-off" payment taken on 31st August 2024 followed by 8 monthly instalments of £18.50 commencing 15 th September 2024

Subscriptions are required to ensure that the player is a registered member of the Club and is covered by the Club's insurance policy. Payment ensures that all fees such as winter training on artificial ground, FA and League affiliation, referees, kit and equipment, insurance etc. can be met.

All fees are inclusive of a £30 registration fee which is non-refundable. Any 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 to discuss a refund. No refunds will be given after 1st March 2025 unless there are exceptional circumstances.

The Club has a strict NO PAY, NO PLAY policy. If for any reason you are unable to pay fees, please speak, in confidence, to your team manager or contact the Club's Treasurer and we will try to assist where possible.

METHODS OF PAYMENT - please confirm how you will be paying the Club's subscription fees by ticking one of the boxes below

Annual Payment via Online Banking	Instalment Plan (operated by GoCardless¹)		
Sort Code: 60-18-17 (NatWest)	Click on the secure link below		
Account No: 17533953	https://pay.gocardless.com/AL0001PM7VQC0T		
Account Name: Bluntisham Blasters FC	and follow the instructions to enter your bank account details		
Payment to be received by 31st August 2024	Your bank details must be set up by 15 th August 2024 to ensure collection of the first payment by the 31 st August 2024		
Please ensure that you reference your payment with the player's name and team			

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: -					
1.	To abide by a	e by and follow the Club Charter and the associated Club Code(s) of Conduct as issued from time to time.			
2.	To follow The	o follow The FA RESPECT campaign to which Club abides.			
3.	To pay all subscriptions on time and in accordance with the Club's payment policy.				
4.	To care for and maintain match and training kits issued by the Club and to return kit on request. The Club reserves the right to request payment to replace lost or damaged kit.				
5.	5. It is the Club's view that all players are responsible for their own words and actions on the pitch. Therefore, any yellow and/or red cards for descent category C fines must be paid in full by the player when requested to do so. Failure to do this may result in match exclusions.				
Player (PRINT NAME)			Parent/Carer (PRINT NAME)		
Date			Date		

¹ 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