

Mickleton Rangers Youth Football Club

38 Glass House Road

Mickleton

GL55 6PB

Joannepiper-bourn@outlook.com



Season 2025 –2026 Registration Form

Training only new team

PLEASE PRINT ALL DETAILS

Player's Full Name		
Home address		
	Postcode	
Date of Birth		
Age on the 31/08/2025		
Medical details	Please indicate any medical conditions we should be aware of and list any medications that may be required. E.g. <i>Asthma – Inhaler required</i>	
Parent /Carer emergency contact name		
Contact numbers	Home	Mobile
Parent / Carer Email address – PLEASE PRINT – this will be used to register the player		
Parent DOB		

Parental Consent.

If my son / daughter is injured whilst playing football / travelling to and from football and I cannot be contacted on the numbers given, I hereby give my consent for my child to receive medical attention.

Parent / Guardian Signature: _____ Date _____

Parent / Guardian Print: _____

I agree to be bound by the club rules (including players and parents code of conduct) and the rules and regulations of the Football Association Limited and Football Association, and all competitions in which the club participates and agree to pay the required subscriptions at the required times.

I give permission for details contained on this form to be held electronically for the purposes of administering the activities of the club.

Parent / Guardian Signature: _____ Date _____

Parent / Guardian Print: _____

Please tick the box if you **do not want** photographs to be taken and used ☐

Session Subscriptions

Session subscription for the 2025-2026 season is **£5.00** per player (paid per session)

Pay in full (bank transfer) or Card payment

Bank details – Mickleton Rangers Youth FC

SC 60-05-16

AC 28185269

If paying by bank transfer, please use your child's name as reference

Signature of Parent / Guardian: _____ Date _____

Any problems regarding payment please discuss with Joanne Piper-Bourn (Secretary). Refunds are not permitted once registered.