# West Riding County Football Association Limited CLUB AFFILIATION FORM - SEASON 2012/2013

Fleet Lane, Woodlesford, Leeds LS26 8NX



****FOR OFFICE USE ONLY****	
Please place bar code label here	

## **Club Name:**

Please complete this form as fully as possible in accordance with any guidance notes given, and return to the above address by **31-May-2012**. Where information is missing or incorrect, please use the space provided to update. When you submit these details to us, you consent to us using them for football administration purposes and you acknowledge that such information may be included in correspondence with other relevant football parties, such as Clubs and Leagues.

The information you provide will also appear on our website. If you do not wish your telephone and/or fax numbers to be included on our website, please indicate this by ticking the 'private' box against the relevant number. Your e-mail address will not be included on our website and we will never share or disclose your e-mail address to the public.

## Club Secretary:

Name:		Date Of Birth:			
Clubs playing at step 5 and above must provide the full club company name under which it trades, if incorporated. Please also provide the company number to enable us to verify this with Companies House.					
Legal Name:	Company Number:				
Name, address and date of birth if different to above					
Tel home:	Private	Private			
Tel work:	Private	Private			
Mobile:	Private	Private			
Fax:	Private	Private			
E-mail:					
	internet access for purposes of running your club? Yes / No				
What is your website address? What is your club's email address?					
Ground					
Provide the ac	ddress and local authority of where you consider to be your home gro	round. If teams within your club play at grounds different to this,			
	e the detail separately. If you do not know the ground address, then ${\mathfrak p}$	, , , , , , , , , , , , , , , , , , , ,			
	e your home ground. You can find a local authority at				

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# **Mandatory Contacts**

#### Chairman:

Fax: E-mail:

If same as sec	cretary, please state 'As Secretary'				
Name:	,, ,,,,		Date Of Birth:		
			Date of Birth.		
Address (Incl	luding Postcode):				
Tel home:					
Tel work:					
Mobile:					
Fax:					
E-mail:					
T					
Treasurer: If same as sec	cretary, please state 'As Secretary'				
Name:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date Of Birth:		
Address (Inc	luding Postcode):				
		I			
Tel home:					
Tel work:					
Mobile:					
Fax:					
E-mail:					
an accepted E enquiries rega	nat all clubs with youth teams (under 18 or below) must have a Club Welf- Enhanced FA CRB check. They must also have completed The FA Safegrarding this policy, please speak to your CFA Welfare Officer.				
Name:			Date Of Birth:		
Address (Inc	luding Postcode):				
Tel home:					
Tel work:					
Mobile:					
Fax:					
E-mail:					
Ontional (	Contacts for Clubs with Youth Team(s)				
	lub Welfare Officer:				
	ultiple youth teams may appoint an Assistant Welfare Officer. Where app	ointed they must have	an accepted Enhanced FA CRB		
	encourage them to attend The FA Safeguarding Children and Welfare O	Officer Workshops as so	oon as is possible. For any enquiries		
Nama:	policy and recommendation, please speak to your CFA Welfare Officer.				
Name:	policy and recommendation, please speak to your CFA Welfare Officer.		Date Of Birth:		
			Date Of Birth:		
	policy and recommendation, please speak to your CFA Welfare Officer.		Date Of Birth:		
			Date Of Birth:		
			Date Of Birth:		
			Date Of Birth:		
Address (Incl			Date Of Birth:		

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# **List of Teams for Club Name:**

## **Guidance Notes**

Provide or update (if required) the details of all teams playing in the 2012/2013 season. Youth teams have been automatically moved up an age group with contact. Use additional sheets if necessary.

**Age Group:** Veterans / Open Aged / U23 / U21 / U19 / U18 / U17 / U16 / U15 / U14 / U13 / U12 / U11 / U10 / U9 / U8 / U7

**Team Category:** 11 v 11 - 9 v 9 - 7 v 7 - 6 v 6 - 5 v 5 - 4 v 4 - 3 v 3 - Futsal - Mini Soccer

**Disability Football:** Non Disabled - Blind - Partially Sighted - Deaf and Hearing impaired - Cerebral Palsy - Learning Disability - Wheelchair -

Amputee - Pan Disability

Usually Plays On: Mon - Tue - Wed - Thu - Fri - Sat - Sun

Gender: Male, Female, Mixed - Under 11 and above cannot be categorised as mixed, and you should state Male or Female

Please note that for youth teams (ie where the age group is Under 18 or below) a Manager or Coach must be named.

Team Name	
Age Group	
Gender	
Category	
Disability	
Usually Plays On	
Sponsor Name	
League Name 1	
League Name 2	
Main Colours	
Secondary Colours	
Manager/Coach	Name:
(Name, Address and DOB fields must be completed)	Address:
, , , , , , , , , , , , , , , , , , , ,	DOB:
Emergency Contact	
Additional Team Contacts (State Role, Name, Address -and DOB)	
Ground Details (if different from club's)	
(ii dinerent irom clab 3)	
Team Name	
Age Group	
Gender	
Category	
Disability	
Usually Plays On	
Sponsor Name	
League Name 1	
League Name 2	
Main Colours	
Secondary Colours	
Manager/Coach	Name:
(Name, Address and DOB	Address:
fields must be completed)	DOB:
Emergency Contact	
Additional Team Contacts	
(State Role, Name, Address and DOB)	
Ground Details	
(if different from club's)	

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## **Club Declaration Club Name:**

The Club hereby undertakes to keep a register of members, cashbook, Minute Book and audited accounts of the Club in accordance with FA regulations.

By completing and signing this form, on behalf of the Club, the Club applies for membership of the Company and agrees with its members to be bound by the Memorandum and Articles of the Company and any rules and regulations made pursuant thereto including the rules and regulations of The Football Association.

Rule 4 (a) of The Football Association states that, "Clubs, players and officials subject to the jurisdiction of The Football Association or an affiliated Association shall not be associated with or play with or against any Club which is not a Member of The Association or an affiliated Association."

The Club agrees to ensure that all competitions the Club or its members compete in are sanctioned by the appropriate Association.

This completed affiliation form and the appropriate remittance must be returned to the Association by 31-May-2012. Failure to comply will result in a fine of £25.00

We take your privacy very seriously and we process all information in accordance with applicable UK data protection legislation. We are committed to protecting your privacy and we implement various security measures in relation to our processing and transfer of personal data.

Signature of Club Secretary	-	Date	

# FOR OFFICE USE ONLY

Date Received						
Receipt Number						

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