



## Player Registration Form

# Herne Bay Youth Football Club

2018/19 Season

[www.pitchero.com/clubs/hernebayyouth](http://www.pitchero.com/clubs/hernebayyouth)

[www.facebook.com/HerneBayYouthFC](https://www.facebook.com/HerneBayYouthFC)

Registered Charity 1146585

FAN Number:

Membership Reference:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Please PRINT using a black ball point pen. Please complete ALL sections.

### Player Details

First Name	<input type="text"/>
Middle Name(s)	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Age Group	U <input type="text"/> 's
Team Name	<input type="text"/>
Address	<input type="text"/>
Post Code	<input type="text"/>
Previous Club	<input type="text"/>
Academy	<input type="text"/>

### School Details

School Name	<input type="text"/>
Year Group (as of Sept '18)	<input type="text"/>

### Medical Details

(Please tick any medical conditions the player to be registered suffers from)

Asthma	<input type="checkbox"/>	Hay fever	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
ADHD	<input type="checkbox"/>	Asperger's	<input type="checkbox"/>
Other	<input type="text"/>		
(please provide details of any other medical info or any regular medication required for above conditions)			
Allergies	<input type="text"/>		
Wear Glasses	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Hearing Aids	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Doctors Surgery	<input type="text"/>		
Contact Number	<input type="text"/>		

### Signing

I have read & agree to abide to the club's code of conduct and behave in a manner appropriate for a player of Herne Bay Youth FC.

<input type="text"/>	<input type="text"/>
Player Signature	/ /

### Parent/Guardian Details

Title Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other

First Name	<input type="text"/>
Last Name	<input type="text"/>
Relationship	Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian/Carer <input type="checkbox"/>
Other	<input type="text"/>
Contact Number (Main)	<input type="text"/>
Contact Number (2nd)	<input type="text"/>
Address	<input type="text"/>
Post Code	<input type="text"/>
Email Address	<input type="text"/>

### Emergency Contact Details

(This must be different to main Parent/Guardian contact)

Name	<input type="text"/>
Contact Number	<input type="text"/>
Relationship	Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian/Carer <input type="checkbox"/>
Other	<input type="text"/>

### Fees

I will be paying my club registration fee of £25 by:

☐ Cash ☐ Cheque (payable to Herne Bay Youth FC) ☐ BACS

I will be paying my monthly subs of £12 for 12 months by:

☐ Standing Order ☐ I DO NOT want to gift aid my donations

### Permissions

(Please tick if you DO NOT give the club/coaches permission for any of the following items)

- ☐ Authorise Anaesthetic
- ☐ Administer regular medication
- ☐ Photograph for club website
- ☐ Photograph for club advertising
- ☐ Photograph for club social media sites
- ☐ Allow club officials to retain a paper copy this information

### Signing

I have read & agree to abide to the club's code of conduct and behave in a manner appropriate for a parent/carer of a player at Herne Bay Youth FC.

<input type="text"/>	<input type="text"/>
Parent/Carer Signature	/ /
<input type="text"/>	<input type="text"/>
Club Secretary Signature	/ /