



WHITLEY BAY FOOTBALL CLUB JUNIORS

CLUB REGISTRATION FORM



Under _____ Age group, Team Name _____ for the 2020/2021 Season

SURNAME:		FORENAME:	
DATE OF BIRTH:			
ADDRESS:			
SCHOOL YEAR (SEP2020)		SCHOOL NAME:	
PREVIOUS CLUB: FAN			
MEDICAL INFORMATION:			
EMERGENCY CONTACT DETAILS: (Please provide 2 names and numbers)			
Name:	EMERGENCY TEL NO.	RELATIONSHIP TO PLAYER:	
Name:	EMERGENCY TEL NO.	RELATIONSHIP TO PLAYER:	
EMAIL ADDRESS:			
PARENTAL CONSENT: (PLEASE CIRCLE) In the event that my child is injured whilst representing the club and i cannot be contacted on the above number, i hereby give consent for my child to receive medical attention YES / NO I provide consent for my child's images to be captured, in photographic or video form, and used by the club for purposes it sees fit, including but no limited to, publications on social media, in club publications, university assignments and match analysis. YES / NO I consent to receive communication from Whitley Bay FC Juniors by email, post and telephone (delete where applicable) <i>I agree to be bound and observe club codes of conduct and its rules and the rules and regulations of the Football Association Limited and County Football Association, and all competitions which the club participates in.</i>			
		SIGNED:	
		PRINT NAME:	
		DATE:	

Joma



Bolam
premiersportswear
www.bolampremiersportswear.co.uk