



Water Eaton Youth AFC



Membership Application

Players Details

Forename	
Surname	
DOB	
Address	
Post Code	
Telephone	
Email Address	
School	

Parent/Guardian Details

Mothers Name	
Mobile No	
Fathers Name	
Mobile No	

Emergency Details (for use if parents cannot be contacted)

Contact Name	
Relationship	
Contact No	

Medical Details

Doctors Name	
Surgery Address	
Telephone	
Medical Problems	
Any other info which club may need to know	

I wish to register my child as a player with Water Eaton Youth and confirm that the above details are correct. I understand that this information will be used solely for the purposes of the Football Club and will not be disclosed to any third parties without my written consent. I will notify the club of any change to the information held. Agreement is also given for photographs to be taken promoting the club, team or individual.

I also agree to my child receiving medical attention in the event of being absent.

Parent/Guardian Signature

Please note that due to the strict guidelines and rules governing Child Protection, we cannot allow any child to participate without a signature on this form consenting to medical treatment being given whether this involves basic First Aid, Ambulance or Hospital care.