

St Columba's Junior Football Club Playing Membership Registration Form

Season 2019/2020

Player Information	Main Contact(s)
Player name:	Parent/Guardian:
Date of Birth:	Address:
Address:	
	Post Code:
	Home/Mobile Nos:
Post Code:	E-Mail Address:
Education:	
School:	In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers.
	Name:
Medical Details	Relation to child:
Please indicate if you have any medical condition(s) we should be aware of and ensure any medication is provided:	Contact No:
E.g. asthma, medication allergies etc.	E-Mail Address:
	Name:
	Relation to child:
	Contact No:
	E-Mail Address:



<u>Declarations & Consent – please tick each box</u>

Signed (Parent/Guardian): Date:
By signir declarat	ng this form you agree t cions.
7.	The club is a not for profit organisation – therefore any fines incurred by players are the responsibility of the parents and will be collected by a committee member.\\;
6.	St. Columba's will comply with all GDPR regulations and parents give permission to store required personal data for the purpose of registration and running the junior teams as per the Data Protection policy.
5.	Football events, by their nature, are in the public arena. The playing participant and their parent/carer acknowledge this fact, and that at least professionally approved photographers may take photographs. St Columba's JFC will take all reasonable precautions to protect participants against the possible inappropriate use of photographic images.
4.	I acknowledge the codes of conduct in respect of players, parents, carers and spectators and confirm the above named child and any related parent, carer or spectator will endeavour to abide by these codes of conduct AT ALL TIMES.
3.	I give permission for the above named child to accept a lift to/from appropriate football activities by a Member or Official of St. Columba's JFC.
2.	In the event that the above named child is injured or falls ill whilst travelling to and from events or playing football and cannot be contacted on the above numbers, I hereby give consent for the above named child to receive appropriate medical attention.
1.	season.
1	I agree to the above named child taking part in toothall related activities with St. Columba's IEC for the 2019/20 tootha