



Coach – Care – Challenge

Training Membership	
Thank you for training with Warriors FC . Training Membership is £60 per season (1st June 2019-31st May 2020) This includes Membership, training and League fees. Should your player be selected to play in matches as the season progresses then these will be charged at £3 per match/tournament payable on the day to the team manager.	
Age Group	Team Manager
Players Full name	Date of Birth
Payment Options Option 1 One full payment of £60 at registration (cash or bacs to 20-50-21 83460568 please use player name and age group as ref) Option2 one cheque for £20 in June and two post-dated cheques (dated 1st Oct 2019 & 1st Feb 2020) both for £20). These to be submitted at the same time as the initial £20 cheque. Please indicate which option you will be choosing: Option 1 or Option 2 Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/>	
On leaving the club any kit that has been purchased by the club for your use should be returned in a re-useable condition to the team manager.	
Home Address including postcode	
Email Address	Do you use face book? Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent / Carer Name	Contact Tel number
I consent to my child becoming a league and FA registered Warriors FC player and I will bring and collect my child to and from training/matches. If I am unable, I will organise someone to do so on my behalf and will notify the manager of this.	
In the Event that the above named Person can not be reached please give 2 additional emergency contact name and numbers	
Full name	Contact Tel number
Full name	Contact Tel number
Medical details – Please indicate if the player has any medical details, we should be aware of e.g. Asthma, Allergy etc including medication taken.	
Parental Consent I agree for photographic images of my child playing football/involved in football related activities at the club to be used for marketing purposes for WFC	
Name	Signed
Parental Consent In the event that my son/daughter is injured while playing/travelling to and from football events and I cannot be contacted on the above number, I hereby give my consent for my child to receive medical attention.	
Name	Signed
The information supplied will only be used within WFC and not passed on to any other party without the individuals consent.	