



Macclesfield Junior FC

www.macclesfieldjuniorfc.co.uk



REGISTRATION FORM 2010/11 SEASON

This form is to be completed by the legal carer and child at the start of each season. It is recommended that this form is completed and signed by the legal carer and the player at the same time. Legal carers are responsible for informing the Club of any changes as they occur.

Name of child:	
Date of Birth:	Age at start of season:
Macclesfield Junior Football Mini Soccer Academy : Reception & Year one	

Home address:
email address:
Home phone number:
Mobile phone number:
Emergency contact & number:
School attended:

Registration to the Academy is for the season is **£35** payable by Cash/Chq as:

All cheques are to be made payable to "MJFC"

Payment Enclosed Cheque(s) Cash



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It is important that you fill in the rest of this form as fully as possible. Failure to tell us things could mean that the safety and welfare of your child is compromised. The Club cannot be held responsible if information has not been shared.

Health Needs

Does your child have any known health needs? E.g. Diabetes, asthma, epilepsy, allergies.

Yes No

If yes please complete the section below

Current Medication

Name:

Dose:

Frequency:

What does the Club need to do to help keep your child well e.g. administer planned medication/call ambulance/give snacks? **Please be very specific.**

Do Club members need any medical training other than First Aid to care for your child? **If yes please specify.**

Images

At times the Club/Team may wish to take photos or videos of the team or individuals in it. We adhere to The FA Guidelines to ensure these are safe and respectful and used solely for the purposes for which they are intended, which is promotion and celebration of the activities of the Club and for training purposes.

Please indicate if this is acceptable to you

Yes No

If you have any additional information which you wish to share with the Club, please contact the club Designated Person.



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Parent/Carer Consent

I give consent for my son/daughter to participate in Football Club's events and agree to the conditions outlined above. I accept that it is my responsibility to inform the Club directly of any changes to the details recorded on this form

Signed (Legal carer):

Please print name:

Date:

Player's Consent

If you are over 11 years of age, sign Section A

If you are under 11 years of age, sign Section B

Section A

I agree to participate in Football Club's events as detailed above and agree to adhere to guidelines and or codes of conduct that may be issued in the interest of my own safety.

Signed (Player):

Please print name:

Date:

Section B

I will take part in (.....activities) and will stick to the Club rules. I will tell the coach or another person if I do not feel well or if I have any worries.

Signed (Player):

Please print name:

Date: