





ALBION SPORTS JUNIOR FOOTBALL CLUB MEMBERSHIP REGISTRATION FORM

Full Name	<u>Medical Details</u>
Home Address	_ Please indicate if you have any medical conditions we should be aware of
	E.g Asthma.
Post Code	Parent/Guardian Details
Home Tel No (inc STD code)	_ Status (please circle) Mr Mrs Miss Ms Other
Date Of Birth	First Name
E-mail	Surname
	Emergency Contact No
Education Details	Mobile No
Headteacher	E-mail
School	In the event that the above named person cannot be reached , please
Address	give two extra emergency contact names and numbers.
	Name
Post code	Emergency Contact Number
Current School Year	Name
<u>Parental Consent</u>	Emergency Contact Number
contacted, I hereby give my consent for my child to rece	ing / playing football / traveling to and from football events and I cannot be vive medical attention. Consent for photography/video clips of my child to be taken stand that my child participating in football at Albion Sports J.F.C is at their own
I am also giving my child permission to represent Albion Football League if my child is selected to play for any of	Sports Juniors for the forthcoming season in the Craven Aire & Wharfedale Junior the Albion teams.
<u>Agreement</u>	
Team selection is by the Team Manager only and his dec Rules and Regulations of The F.A and WRCFA and all Cor www.albionsports.co.uk). I also agree that I will not at a me, such adult will be advised to the team manager. I co	automatically entitled to play in any competitive football as entered by the Club. cision is FINAL. I also agree to be bound by and to observe the Club Rules and the mpetitions in which the Club participates (Rules available on Club Website, any time leave my child unattended by a parent or appropriate adult nominated by onfirm that prior to joining the Club I have settled all financial liabilities with any of any kit or equipment). For my child I will provide 4 passport photographs and a ir age and identity.
PLAYER : Print Name Signat	ture Date
PARENT : Print Name Signa	ature Date