



## TRAINING ONLY MEMBERSHIP FORM

This form should be completed by the Legal Guardian/Parent. The club is to be notified as soon as possible of any changes as they occur.

Name of Child: \_\_\_\_\_ Name of Manager: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age Group: \_\_\_\_\_

Age at the start of the season (September): \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Parents Mobile (contact) Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **Emergency Contacts:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Tel No: \_\_\_\_\_

**Medical / Health Needs – (e.g. Asthma, Epilepsy, Diabetes etc)**

Please detail any medical conditions / allergies that we should be aware of:

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Please provide details of medication that must be administered - (by whom / dosage / frequency /name of medication) etc:

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What does the club need to do to keep your child well? – (administer medication / call ambulance).  
Please specify:

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I give my permission for the Inter Cheadle J.F.C. Coach / Manager to administer first aid to my child.

YES  NO

**Images:**

The club may wish to take photographs / videos of the team or individuals within it during tournaments etc. We adhere to FA Guidelines to ensure these are safe and respectful and used solely for the purposes they are intended for, which is promotion and celebration of activities of the club and for training purposes. Please indicate if this is acceptable to you.

YES  NO

**Declaration:**

Consent of Legal Guardian:

I \_\_\_\_\_, parent of \_\_\_\_\_ give my consent for my child to participate in club events and accept responsibility to inform the club of any changes to the details on this form.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_