

PLAYER REGISTRATION FORM

Player Details

Name		D.O.B	
Address		Town	
Post Code		Tel (Home)	
Email		Tel (Mobile)	

Emergency Contact Information

Contact 1 Name		Tel 1	
Tel 2		Tel 3	
Contact 2 Name		Tel 1	
Tel 2		Tel 3	

Medical Information

Details	
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Parental Consent

By returning this completed form I agree to the child named above taking part in the normal activities of the Club. I have read the Club Constitution, Rules and Regulations and Code of Conduct for Players and Parents / Guardians and agree to abide by those whilst in the care of the Club and I understand that any serious or continued breach of these codes may result in my child being subject to Club disciplinary procedure.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____ Date: _____

Photography

From time to time the Club may wish to take pictures for our Website (www.paisleysaintsgirlsfc.co.uk), use in local, regional or national media to promote the work of the Club. Any photographs taken will be used solely for our Website and promotional purposes. Please sign below to indicate your agreement for pictures to be taken for the above reasons.

Parent / Guardian Name: _____

Parent / Guardian Signature : _____ Date: _____