

Hartley De Sales Football Club

MEMBER REGISTRATION/MEDICAL FORM

I/We, being the Parent or Guardian of _____ (player's name)

whose date of birth is _____

Confirm that upon signing this form I/We

- 1) Request that the above person be a member of Hartley De Sales FC and agree that the child and parents/guardians will abide by the clubs constitution, club rules, club codes of conduct and contribute subscriptions due. (These can be found on the clubs website www.hartleydesales.co.uk About Us Documents)
- 2) Authorise the Coach, Trainer or Supervisor in my/our absence to take whatever actions may be necessary with regard to the authorisation of any medical treatment that my child may require whilst in the care of the aforementioned Coach, Trainer or Supervisor.
- 3) Allow photographs of my child in line with the F.A.'s Guidance on images to be posted on the Hartley De Sales website and promotions.
- 4) I/We also agree that my child's name can appear on the club website providing it is not associated to a photograph of him.

Doctor's name _____ Doctor's Telephone no. _____

Any relevant medical history of player, or regular medication taken (eg. Inhaler)

Parent /Guardian's Name _____

Players Usual Address: _____

Parent Guardian Emergency Telephone number _____

Parent Guardian E-Mail address _____

Parent/Guardian Signature _____

Date _____