PLAYER REGISTRATION FORM – 2010/11 SEASON

TEAM: Under .....

Player's name in full: .....

Address: .....

Telephone Number: .....

Date of Birth: .....

Age on 31st Aug 2010 .....

Ailments/Medical Conditions: .....

Representative Honours: City Boys County Other

Registration fee paid:- £ ..... cheque .....

(The registration fee includes adult social membership of Stamford Bridge Playing Fields Association) (u7-u10 £45 + £4) (u11+ £55 + £4); (U18s £61+£4);(Girls U11-U12s £45 + £4); (Girls U14s £50+£4); (Girls U15s £55+£4).

Player's Signature: .....

Date: .....

Please make cheques payable to Stamford Bridge Junior Football Club.

DECLARATION. (To be signed by parent/guardian)

I agree to comply with the Club Rules and the Club Code of Conduct For Parents and Spectators, and to accept responsibility for my child's conduct (see Club Code of Conduct For Players), in accordance with procedures outlined by the FA Charter Club and SBJFC Rules.

I accept that full payment of the annual Club registration fee shall constitute successful application for annual membership. Fees shall not be repayable, unless agreed otherwise by the Committee.

I understand that Stamford Bridge Junior Football Club do not provide personal accident insurance of any kind for its players and officials, and I therefore accept all responsibility for my child during all football sessions (training and games) organised by the Club.

Data about players obtained during the season will be held on a database. This information will not be supplied to any outside agency other than East Riding County FA for the purposes of registration. During the season photographs may be taken of the players. The club may publish these on our website or official documentation (e.g end of season Presentation programme). SBJFC will ensure that no player could be identified from the photographs. If you do not wish for photos to appear then please tick this box ☐

Signed: .....

Name of Parent/Guardian: .....

Address: .....

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E-mail address: .....

Telephone Number: Mobile telephone: .....

Date: .....