

Home Telephone Number:

Printed Name of Parent / Carer:

…………………………………………

………………………………………………………...

Date:

Date:

………………………………………………………...

Printed Name of Player:

……………………………………………………..

In the event that my child is injured whilst playing football/travelling to and from events and I cannot be contacted on the numbers given, I hereby give my consent for my child to receive medical attention. This sport, by its very nature, is in the public arena and I acknowledge this fact. I accept this may result in the recording and publishing of my child’s image/name including on social media/club web sites.

We have read and will adhere to the Club/FA Code of Conduct (available from your manager or online @ [www.longwellgreensportsjfc.co.uk](http://www.longwellgreensportsjfc.co.uk)). We agree to be bound by the rules and regulations of The Football Association Ltd & competitions in which the club participates. I consent to disclosure by the County F.A. I (parent/carer) confirm I will pay all monies to the club promptly and understand that failure to keep up to date could result in my child not being permitted to play until all sums owed have been paid.

GDPR Compliance: Longwell Green Sports JFC/FA hold data about your child/you for the purposes of Welfare/registration/communication about football activities. We will hold this data for the period your child is registered with Longwell Green Sports JFC. By printing your name below, you give consent to us/FA holding this data. Parents/Guardians may ask us to remove their data by emailing Longwell Green Sports JFC.

Emergency Contact Number:

Name:

…………………………………………………….

Parental Consent

……………………………………………….

Email:

……………………………………………………………..

School Year:

…………..….

Mobile Telephone Number:

……………………………………………………...

…………………………………………………….

Emergency Contact Number:

…………………………………………………….

…………………………………………………….

……………………………………………….

Name:

……………………………………………….

Date of Birth:

………………………………….

Surname:

…………………………………………….

………………………………..

Status (e.g. Mr):

………………

First Name:

Ethnic Origin Self-Classification: Please specify:

Date of Birth:

………………………………………………….

…………………………………………………

……………………………………………………………

School (as of Sept 1st of playing season):

Played for LWG 22/23? Yes/No

………………

………………………………………………...

……………………………………………………

Postcode:

Home Address:

…………………………………………………………………………………………………………………………………………..

Full name of Player:

…………………………

………………………………………………………………………………

In the event that the above person cannot be reached please give 2 other emergency contacts:

Please indicate if you have any medical conditions that we should be aware of e.g. asthma:

Parent / Carer Details

Personal Details

**Longwell Green Sports JFC**

**Membership Registration Form 2023/24**