

Bournville Warriors Football Club

Registration Form



Player First name			
Surname			
Home Address			
		Postcode	
Player Email Address:			
Player Telephone no.		Date of Birth	/ /

School Attended			
School Year With effect from September 20__			

Medical Conditions/Medication:

Parent / Carer – Contact details			
Name			
Relationship to Player			
Telephone no.		Mobile no.	
Email Address:			
Emergency contact details (In the event that the above person cannot be reached)			
Name			
Relationship to Player			
Telephone no.		Mobile no.	

Parent/Guardian Consent
<p>In the event that my child is injured whilst playing football / travelling to and from football events and I cannot be contacted on the above number. I hereby give consent for my child to receive medical attention.</p> <p>I agree to be bound by and to observe the club rules and the rules and regulations of the Football Association, County Football Association and all competition in which the club participates.</p> <p>I agree/disagree that photographs can be taken of my child that may occasionally be used on the club's social media platforms (Full names <u>will not</u> be displayed with any pictures)</p> <p>Signed _____ Date _____</p> <p>Print Name _____</p>