

# Bournville Warriors Football Club

## Registration Form



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

<b>School Attended</b>			
<b>School Year</b> <i>With effect from September 2020</i>			

<b>Medical Conditions/Medication:</b>

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

<b>Parent/Guardian Consent</b>	
<p><i>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.</i></p> <p><i>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.</i></p> <p><b><i>I (agree/ disagree) that photographs can be taken of my child that may occasionally be used to promote the club on its social media platforms (Full names or traceable information will not be displayed with any pictures)</i></b></p>	
Signed _____	Date _____
Print Name _____	