



# Club Registration Form 2017/2018

Player Name	TEAM:
Please refer to the Registration pack given out and	d then tick the boxes to confirm you understand and accept.
Player Acceptance	
☐ In registering as a player for <b>Long Buckby AFC</b> . I agree to abide by the <b>"Rules of the Club"</b> and the Football Association's (FA) guidelines.	C Juniors, are "Code of Conduct for Players" which have been based on the
☐ I also agree to abide by the <b>FA's RESPECT</b> camp	npaign which promotes fair playand respect within the game.
☐ I understand and agree that in breaking Club R action from my manager or the club committee.	Rules +/or Codes of Conduct, I maybe liable for <b>fines or disciplina</b>
☐ I understand my obligations in respect to how	/ I present myself as a Club player
Player Signature	Date: / /
Player Name	





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### **Parent Acceptance**

As a parent / guardian of a player registered with KJYFC I understand and agree to abide by the "Rules of the Club" and the "Code of Conduct for Parent & Followers of Youth Football" which have been based on the FA Guidelines.		
☐ I also agree to abide by the <b>FA's RESPECT</b> campaign which promotes fair play and respect within the game.		
☐ I understand and agree that in event of any fine to the club from the FA, as a direct result of my or a guest of mine's behaviour or the breaching Club Rules +/or Codes of Conduct, I may be liable for <b>fines or disciplinary action</b> , by the player's manager or the club committee.		
I agree that, in the event of my accepting a lift for my child / children, from parents /supporters / team managers or any other club officials of Long Buckby AFC Juniors to or from games / training, or to or from any other activity, I will not hold either the individual or the club responsible in the unfortunate and unlikely event of a road traffic accident involving my child / children.		
☐ I agree to the registration fee and subscriptions that are due for the season. I agree to not go into arrears on any of these payments by over four weeks. I understand that there is a graduated process ultimately leading to possible deregistration, should due payments exceed this duration.		
The Subscription charge for the 2017/2018 season is £125.		
Long Buckby AFC Juniors are currently setting up a standing order process, until this is completed; please see method of payments below; (1) <b>Cheque(s)</b> made payable to Long Buckby AFC Juniors, or <b>Cash</b> in an envelope with your child's name on		
You can pay the full £125 upfront, or in 2 instalments; -£75 1 <sup>st</sup> instalment with registration, upon registering -£50 September		
☐ I enclose £75 1 <sup>st</sup> instalment (Long Buckby AFC Juniors pay the £5 NDYAL registration fee) Please only tick below questions if applicable		
☐ I have attached 2 Passport size photos, with my child's name, on the reverse, as my child is not currently NDYAL league registered or will play in in U7, U11, U14, U17/18 age groups.		
☐ I have attached a <b>COPY</b> of Proof of Date of Birth as my child is not currently NDYAL league registered (NO originals please)		
Parent/Guardian Signature Date: / /		
Parent/Guardian Name		





#### **Player Information**

Dear Parents / Carers / Guardian,

It is important that the information that we have in respect of your child is current so that we can contact you in event of an emergency. In addition, if we have to take your child for medical attention, up to date information may be of considerable value to the medical staff.

We have requested email addresses so that we can keep you and our players up to date with club information (the provision of email addresses are preferable but not mandatory). Therefore, we would be grateful if you could provide the following information:

#### **Player's Information**

First Name		
Last Name		
Address		
Address		
Address		
Postcode		
Parent Email Address		
Date of Birth	/ /	
School Name		
Doctors Name		
Surgery Name		
Address		
Address		
Address		
Postcode		
Medical Conditions (Plea	ase list any medical conditions we / medical staff should be aware of)	
Allergies (Please list any allergies we / medical staff should be aware of)		

Additional Information (Please provide any additional information that you think we should be aware of)





### **First Contact Information**

FIRST Name	
Last Name	
Name Known By (if different)	
Relationship to player	
Telephone No	
Mobile No	
Address (if different to player) Address Address Postcode Email Address	
Email Address	
<b>A</b>	Alternative Contact Information
First Name	
Last Name	
Name Known By (if different)	
Relationship to player	
Telephone No	
Mobile No	
Address (if different to player) Address Address Postcode	
Email Address	
Thank you for completing this f	orm; please return it to your football coach as soon as possible.
Signature Date	