



MEMBERSHIP APPLICATION

TEAM NAME AND AGE GROUP _____

(Please complete in BLOCK CAPITALS)

FULL NAME			
Date of Birth			
ADDRESS			
		POSTCODE	
HOME TELEPHONE NO		MOBILE TELEPHONE NO.	
E-MAIL ADDRESS			
EMERGENCY CONTACTS	1 st	NAME	
		TELEPHONE NO.	
	2 nd	NAME	
		TELEPHONE NO.	
PHOTOGRAPHS, WEBSITE & OTHER PUBLICATIONS CONSENT (please circle)			YES / NO
CODE OF CONDUCT – Received and understood			YES / NO
OTHER INFORMATION – The club is run by volunteers and from time to time certain skills, experience or contacts can be useful to call on. If you would be happy to support in any way, please indicate in the box the type of things that you would be happy to help with – where appropriate including your profession, job or company name.			

TERMS & CONDITIONS

- I/WE ACCEPT THAT THE PLAYER WILL NOT BE ALLOWED TO SIGN FOR ANOTHER CLUB WHILST STILL OWING SUBS OR IN POSSESSION OF NOTLEY YOUTH FC KIT. (Tick box to show agreement)
- PARENTS MUST ENSURE CHILDREN ARE ACCOMPANIED TO/FROM ALL NOTLEY YOUTH ACTIVITIES. PLEASE ENSURE THAT NOTLEY YOUTH ARE INFORMED OF ANY THIRD PARTIES WHO HAVE YOUR PERMISSION TO ACCOMPANY YOUR CHILD(REN). (State names and relationships on the reverse of this form)
- IN THE EVENT OF MY CHILD BEING INJURED WHILST IN THE CARE OF NOTELY YOUTH, I GIVE CONSENT FOR APPROPRIATE MEDICAL TREATMENT. (Tick box to confirm consent).

RULES & REGULATIONS

I/WE OR ANY THIRD PARTY RESPONSIBLE FOR MY CHILD AGREE TO OBSERVE THE CLUBS CONSTITUTION, RULES AND CODES OF CONDUCT.
 I/WE ALSO AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE ESSEX FA AND ANY RULES SENT OUT FOR COMPETITION WE ENTER.
 BY SIGNING THIS FORM YOU ALSO AGREE TO ABIDE BY THE GUIDELINES SET BY THE FA RESPECT CAMPAIGN.

SIGNEDPARENTS/GUARDIANS.....

FAILURE TO AGREE TO ANY OF THE ABOVE AND YOUR APPLICATION WILL BE DENIED

PAYMENT PREFERANCE: 3 Instalment's Full Payment