



MEMBERSHIP APPLICATION 2023/24

TEAM NAME AND AGE GROUP _____

(Please complete in BLOCK CAPITALS)

Form with fields for FULL NAME, Date of Birth, FA FAN NUMBER, ADDRESS, POSTCODE, HOME TELEPHONE NO, MOBILE TELEPHONE NO, E-MAIL ADDRESS, EMERGENCY CONTACTS (1st and 2nd), PHOTOGRAPHS, WEBSITE & OTHER PUBLICATIONS CONSENT, CODE OF CONDUCT, and OTHER INFORMATION.

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: 2 Instalment's [] Full Payment []