



**COMBERTON CRUSADERS FOOTBALL
CLUB PLAYER REGISTRATION FORM
SEASON 2011 / 2012**

TEAM
Enter age group
Under

Secretary

Kevin Jestice
6 Penarth Place
Cambridge
CB3 9LU
Tel: 01223 560624

Chairman

Adrian Shepherd
66 Brookfield Way
Lower Cambourne
CB3 6ED
Tel: 01954 718138

Treasurer

Stephanie Young
65 West Street
Comberton
CB23 7DS
Tel: 01223 262365

(Please complete BOTH SIDES in block capitals)

Surname of player	Forename(s)
Address	
Postcode	Date of birth
Home tel:	Mobile
Email (please write very carefully)	

Please note that e-mail will be your main contact method

Surname of parent /guardian(s)	Forename
Address	
Postcode	Work tel:
Email (please write very carefully)	Mobile

Name of alternative emergency contact

Address	
Postcode	Work tel:
Email (please write very carefully)	Mobile

Medical information about your child

a. Any conditions requiring medical treatment, including medication? YES/NO
If YES, please give brief details: Is a separate sheet attached? YES/NO

b. Please outline the type of pain relief medication your child may be given, if necessary (e.g. Junior Disprin, paracetamol):

c. Is your child allergic to any medication? YES/NO If YES, please specify:

d. When did your child last have a tetanus injection, Date?

DECLARATIONS

I agree/do not agree (*delete as applicable*) to my child's name appearing on the Club's website.

I agree/do not agree (*delete as applicable*) to my child's uncaptioned photograph appearing on the Club's website.

I agree/do not agree (*delete as applicable*) to my child receiving medication as instructed above and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, considered necessary by the medical authorities present. I will inform the team manager as soon as possible of any changes in the medical or other circumstances during the season.

I agree/do not agree (*delete as applicable*) to give permission for any member of the Clubs coaching staff to act '*in loco parentis*' in the event that medical treatment is required for my child during training sessions and matches only.

I acknowledge the need for all players and spectators to observe the Club's *Code of conduct* and the *FA Respect program*

I recognise that kit (shirt, shorts, socks) issued to a player by the Club remains the property of the Club and must be returned promptly on request and as soon as a player ceases to be a member of the Club.

Club subscription for 2011/2012 is as follows:

I undertake to pay this player's subscription as detailed below:

Payment Choice A:

tick

I enclose the annual full fee of **£120** →

(discounted to £110, if on/before registration evening) →

Alternatively, Payment Choice B:

I enclose the signing-on fee due of **£60 per family**
plus }
I will pay fees monthly for six months at **£10 per month per player**
and I will pay by monthly standing order.

Discounts

a. Second and subsequent siblings pay £65 full fee →

b. Families entitled to income support pay reduced fee, £60 →

NO PAY, NO PLAY POLICY: STRICTLY ENFORCED THIS SEASON

Cheques should be made payable to, 'Comberton Crusaders Football Club'
(All fees [cheque/cash] should be sent to the club secretary or treasurer, but cash payments to team managers has been discontinued)

Signature of parent/guardian: _____

Date: _____

I am entitled to income support and wish to pay the concessionary subscription.

Signature: _____

Information on this form will be stored in a database managed in accordance with the Data Protection Act. It will be used only for the purposes of Club administration and will NOT be passed to a third party.

FA Reg	Cheque	Cash	SO	Data entry	Club Use Only
--------	--------	------	----	------------	---------------