



**FENIT SAMPHIRES FOOTBALL CLUB**

**Club Registration Form – Season 21/22**

Name:.....

Address:.....

DOB:.....

Home

Phone:.....

Parent/Guardian Mobile.....

Email:.....

Medical Information (details of allergies, conditions,  
medications):.....  
.....  
.....

Any other special needs that would be helpful for managers/coaches to know:  
.....

I the parent/guardian of the above named player, in the event of illness/injury, give permission for medical treatment to be administered where considered necessary by a nominated first aider or suitable qualified medical practitioner. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I understand that photographs will be taken at or during sport related events and may be used in the promotion of sport and/or displayed on the club website/Facebook.

Signed Parent/Guardian: .....

I agree to abide by the code of conduct of Fenit Samphires Football Club

Signed by player:.....Date:.....

