

**STEYNING STRIKERS FC
PLAYER REGISTRATION AND CONSENT FORM 2010/2011**



Please complete this form in full.

Player details				
First Name	Surname	Date of Birth	Age	Age Group for 2010/2011 season (please circle)
				U6 U7 U8 U9 U10 U11 U12 U13 U14 U15 U16
If your child has any allergies, an unusual blood group or anything else which should be brought to the Manager's attention, please indicate below				
Parent or Guardian details				
Mothers \ Guardians First Name	Surname	Fathers \ Guardians First Name	Surname	
Contact details				
Address		Telephone numbers		
		Mobile numbers		
Post Code				
Email addresses				

I understand that whilst the Club Members and helpers in charge of the children will take all reasonable care, they cannot be held responsible for any loss, damage or injury suffered by the child in traveling to or from, or taking part in any games or training sessions.

I give consent to any medical treatment that may be necessary during the course of any of these activities.

I note that any fines incurred by my child as a result of disciplinary action taken by any Leagues or County Football Associations are my child's and ultimately my responsibility.

I understand that the Club may wish to take photographs and videos of Club activities for promotional or other purposes (e.g. club presentation night) and will act within the FA Guidelines laid down.

I **do / do not** (*delete as appropriate) give permission for my child to be included in such images.

Signing this document confirms that you have read and will comply with the Steypning Strikers Adult Code of Conduct and that you will ensure that your child conforms to the Players Code of Conduct both of which are shown on the clubs website, see www.steyningstrikers.co.uk

Signed (Parent or Guardian).....Date.....
Signed (Players U11 and Over)Date.....

This section for club use.			
Fee paid:		Paid by:	Cheque or Cash