

KENNINGTON JUNIORS F.C MEMBERSHIP REGISTRATION FORM 2010/11

I wish to apply for Membership of Kennington Football Club (Junior section)

Under age group, for the season 2010 – 2011.

Player details

First Names Surname

Date of Birth Age

Address

.....

Postcode Home Tel No

Player Mobile (optional)

Please detail any Medical Information that we should be aware of (e.g. Asthma etc)

.....

.....

Parent/Guardian/Carer Details

First Name Surname

Home Tel no. & Address (if different from above)

.....

Mobile Tel No

E-Mail Address

Parent/Guardian/Carer Consent and Declaration:

In the event that above named player is injured whilst playing football/training/travelling to/from football events and I cannot be contacted, I hereby consent for them to receive medical treatment as deemed appropriate by the Club representative in charge.

I wish for the above named player to be registered as a member of Kennington Football Club (Junior Section) for the season 2010-11

I agree to ensure that we all fully observe and comply with the Club Rules & Codes of Conduct, as detailed in the Club Handbook and as made available by Club Officials via the Club website (www.kjfc.org.co). I also agree to ensure that we all fully observe and comply with the rules and regulations of the Football Association Limited and the County Football Association. This is in accordance with the Club’s standing as an FA Charter Standard Community Club.

I agree to pay the seasons Club Membership Fee of £20 per family.

Signed

Print Name Date



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