

## AFC CORSHAM Membership Application Form – 2011/2012 Season

<b>Players Full Name:</b>		<b>Date of Birth:</b>	
<b>Next of Kin Names:</b>			
<b>Address:</b>			
		<b>Postcode:</b>	
<b>Telephone Number:</b>		<b>Mobile:</b>	
<b>School Attended:</b>		<b>Email:</b>	
<b>Race:</b>		<b>Religion:</b>	
<b>In the event that the above next of kin cannot be reached, please give an extra emergency contact.</b>			
<b>Emergency Contact Name</b>		<b>Tel</b>	
<b>Doctors Name</b>		<b>Surgery Name</b>	
<b>Please indicate if the applicant has any medical conditions we should be aware of e.g., asthma, allergies etc</b>			

<b>Parental Consent:</b> In the event that my son/daughter is injured whilst playing/traveling to and from football events and I cannot be contacted on the above number, I hereby give my consent for my child to receive medical attention	
<b>Signed:</b>	<b>Date:</b>
<b>Print Name:</b>	

<b>GIFT AID:</b> AFC CORSHAM is a registered charity. Please complete this box if you are a taxpayer and are willing for the club to claim the tax back on your membership payment.	
<b>Signed:</b>	<b>Date:</b>
<b>Print Name:</b>	

<b>Photographic Permission</b>	
I give/do not give* permission for my son/daughter's* picture to appear on the Club Website or other material advertising or promoting AFC Corsham *Delete as applicable	
I accept the responsibility to update the club of any changes to the information provided above.	
<b>Signed:</b>	<b>Date:</b>

**PLEASE READ THE FOLLOWING BEFORE COMPLETING AND RETURNING THIS FORM:** As a parent/guardian of a registered member of **AFC CORSHAM** you are required to commit some of your time towards helping the club when requested to do so. If you would like to get more involved in coaching and team management or take a committee post please contact a member of the committee or a team manager.

**I agree to be bound by the club rules and policies, its Code of Conduct, the rules and regulations of the Football Association Ltd, the County Football Association and all competitions in which the club participates. I agree that any kit and equipment supplied by the club remains the property of AFC CORSHAM and that as a parent/guardian I will, when requested, commit some time to help the club.**

Signature (*player*): ..... Date: .....

Signature (*parent/guardian*): ..... Date: .....

Payment (Cash or postdated cheques please) £110 (one off payment)..... £60 (signing on fee)..... £50 (1 <sup>st</sup> Nov)..... Family membership £100 (signing on)..... £60 (1 <sup>st</sup> Nov)..... £65 (under 6s).....	<b>AGE GROUP/MANAGER:</b>	<b>DATE:</b>

"Data Protection Act 1998: The information which you have given on this form will be used for the sole purpose of recording your registration details as required by Rule 8 (B). Please note that, if there is just cause, it may be shared with the parent County Football Association with which your club is affiliated, but not with any other third parties. You have the right to inspect your personal information held on file.