| bitton afc PLAYER REGISTRATION form2019/2020 SEASON | | | |
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| PLAYER Information | | | |
| PLAYERS FULL NAME: | | | |
| DATE OF BIRTH: / / | TEAM SIGNING FOR (please circle):  U6 U7 U8 U9 U10 U11 U12 U13 U14 U15 U16 U18 | | |
| CURRENT ADDRESS:  POST CODE: | | | |
| PROOF OF ID SEEN BY (Manager name & circle ID seen at time of signing):  PASSPORT BIRTH CERTIFICATE | SCHOOL NAME AS AT SEPTEMBER 2019:  PLAYERS FA NUMBER (if known): | | |
| ACCOUNT DETAILS FOR SUBS PAYMENTS: BITTON AFC JUNIORSLLOYDS BANK SORT CODE: 30-00-01 ACCOUNT NUMBER: 03011898 **NB: PLEASE USE THE PLAYERS SURNAME AS REFERENCE AND/OR THEIR UNIQUE FA NUMBER (AVAILABLE FROM MANAGER)** | | | |
| primary contact/emergency Information \*please write in capitals\* | | | |
| FULL NAME: | | | |
| ADDRESS: POST CODE: | | | |
| PARENTS DATE OF BIRTH: / / FA NUMBER (if known): | | | |
| RELATIONSHIP TO CHILD (please circle):  FATHER MOTHER GRANDPARENT CARER OTHER | | | |
| MOBILE NO: LANDLINE NO: | | | |
| EMAIL: | | | |
| **NB: THIS INFO IS REQUIRED FOR THE FA WHOLE GAME SYSTEM WHICH WILL EVENTUALLY REQUEST YOUR PERMISSION ONLINE TO REGISTER YOUR CHILDS DETAILS AND ASSIGN THEM TO FOOTBALL CLUBS. PLEASE NOTE WE DO NOT SHARE OR PUBLISH THIS INFORMATION WITH ANY OTHER THIRD PARTIES EXCEPT THE FA.** | | | |
| secondary contact/Emergency Contact \*please write in capitals\* | | | |
| FULL NAME: | | | |
| ADDRESS: POST CODE: | | | |
| RELATIONSHIP TO CHILD (please circle):  FATHER MOTHER GRANDPARENT CARER OTHER | | | |
| MOBILE NO: LANDLINE NO: | | | |
| EMAIL: | | | |
| medical INFORMATION & consent | | | |
| DOES YOUR CHILD HAVE ASTHMA? (please circle) | YES NO | **PLEASE NOTE:**  **IF YES, PLEASE MAKE THE PLAYERS MANAGER AWARE AND PROVIDE A SPARE INHALER IN A CLEARLY LABELLED BAG TO BE KEPT WITH THE TEAMS FIRST AID KIT** | |
| DOES YOUR CHILD HAVE ANY OTHER MEDICAL CONDITION OR ALLERGIES? (please circle) | YES NO | IF YES, PROVIDE DETAILS: | |
| if your son/daughter receives a head injury prior to training/match please advise the coach/manager of their team prior to training/match and a decision will be made as to whether they can still attend.the club/coach/manager will also contact your child’s school if they receive a head injury whilst at training/matches | | | |
| CONTINUES ON OTHER SIDE | | | |
| agreement oF policies & PROCEDURES | | | |
| I/We agree to be bound by and to observe the Club rules (including the Social Club Rules) and the rules and regulations of the Football Association and County Football Association and all competitions in which the club participates. A copy of the club’s constitution can be found at [www.bittonafc.co.uk](http://www.bittonafc.co.uk).  ……………………………………………………………………………………………………………………………………………………………………………………………  I/We also acknowledge that I/We are liable to pay any fines incurred directly whilst representing Bitton AFC. The annual membership fee is included within our monthly subscription. Failure to pay your monthly subscription fee or make arrangement’s to pay directly with the club will result in the player being removed from the team. If a player leaves the club with subscriptions owing and they have not made a prior arrangement with the club they will be reported to the GFA. **Subscriptions are payable 8 months of the year (1ST SEPT – 1ST APRIL).** **FIRST CHILD £27.00 PCM u9S – u18S / £21.00 PCM U6S – U8S & SUBSEQUENT CHILDREN**  I/WE AGREE TO PAY THE ANNUAL SIGNING ON FEE. THE AMOUNT WILL BE ADVISED AT THE TIME OF SIGNING ON.  **SIGNING ON FEE PAID** YES NO CASH CHEQUE BANK TRANSFER  ……………………………………………………………………………………………………………………………………………………………………………………………  I/WE also agree for photographs of my child to be used in promotional material, the club website and other social media sites IF it abides by child protection laws.    **If you DO NOT consent to photographs being taken for promotional use, please tick this box**  ……………………………………………………………………………………………………………………………………………………………………………………………  IF my/OUR son/daughter is injured whilst playing football/travelling to and from football events and I/WE cannot be contacted on the NUMBER(S) LISTED, I/WE hereby give my consent for my child to receive THE APPROPRIATE medical attention. …………………………………………………………………………………………………………………………………………………………. I/WE AGREE TO ABIDE BY THE RULES OF BITTON AFC (BITTON JUNIORS AFC).  I/WE AGREE TO ABIDE BY THE RESPECT CODE OF CONDUCT, SAFEGUARDING CHILDREN AND YOUNG PEOPLE, DISCIPLINE, INCLUSION, ANTI-DISCRIMINATION, BULLYING AND HARASSMENT, PHOTOGRAPHY AND SOCIAL MEDIA POLICIES. \*THESE CAN BE FOUND ONLINE AND ON THE CLUBS NOTICE BOARD. A COPY CAN BE PROVIDED ON REQUEST\*  I/WE ALSO UNDERSTAND THAT IT IS MY/OUR REPSONSIBILITY TO ENSURE ALL FAMILY MEMBERS AND FRIENDS ADHERE TO THESE RULES WHILST IN ATTENDANCE AT BITTON AFC OR ANY OTHER GROUND WHERE BITTON AFC MAY BE PLAYING.  FAILURE TO COMPLY IN THE ABOVE MAY RESULT IN: 1) MY/WE BEING UNABLE TO CONTINUE PLAYING/ATTENDING BITTON AFC AND 2) MY CHILD/REN BEING UNABLE TO CONTINUE TO PLAY/ATTEND BITTON AFC.  IN ADDITION, I/WE ACKNOWLEDGE THAT ANY FOOTBALL KIT/EQUIPMENT SUPPLIED TO ME OR MY CHILD IS THE PROPERTY OF BITTON AFC AND MUST BE RETURNED WHEN REQUESTED, OTHERWISE A CHARGE MAY BE LEVIED TO COVER THE COST OF REPLACEMENT.  All organisations must have permission to record and store personal details on their database. By signing this form, you are agreeing for us to store your details and you have read our Privacy Policy \*For a copy of Bitton AFC’s Privacy Policy please email: bittonjuniorsafc@gmail.com\* | | | |
| **BY SIGNING BELOW, YOU ARE AGREEING TO THE ABOVE STATEMENTS FOR ALL PARTIES INVOLVED IN THE CARE OF THE PLAYER AND ALL WHO ATTEND MATCHES/TRAINING** | | | |
| SIGNED PARENT/GUARDIAN:      NAME: | | | SIGNED PLAYER:  NAME: |
| DATE: / / | | | DATE: / / |