

Bournville Warriors Football Club

Registration Form



Player First name			
Player Surname			
Home Address			
			Postcode
Player Email Address:			
Player Telephone no.		Date of Birth	/ /
School Attended			

Medical Conditions/Medication:

Parent / Guardian – Contact details

Name			
Relationship to Player			
Telephone no.		Mobile no.	
Email Address:			
Parent/Guardian Occupation: (This will help the club forward any work that might be required by the club that may assist the parent as well. Not compulsory but would be useful for both parties)			

Emergency contact details (In the event that the above person cannot be reached)

Name			
Relationship to Player			
Telephone no.		Mobile no.	

Parent/Guardian Consent

In the event that my child is injured whilst playing football / travelling to and from football events and I cannot be contacted on the above number. I hereby give consent for my child to receive medical attention.

I agree to be bound by and to observe the club rules and the rules and regulations of the Football Association, County Football Association and all competition in which the club participates.

I (agree/ disagree) that photographs can be taken of my child that may occasionally be used to promote the club on its social media platforms (Full names or traceable information will not be displayed with any pictures)

Signed _____

Date _____

Print Name _____