



**Grampound Football Club
Membership Registration Form**

Section 1 : to be completed by all applicants

Season	
Full Name	
Home Address (may be omitted if signing as a player)	
Post Code	
Home Tel Number	
Mobile Tel Number	
E-mail address	
Date of Birth	
Previous Club (players only)	
Medical Details Please indicate if you have any medical conditions of which the club should be aware e.g. asthma	

Section 2 : please complete this section if you are still at school:-

School	
Name of Headteacher	
Current School Year	

**Section 3 : Please complete if the proposed member is under 18
Parent/Carer Details**

Status (Please tick):	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other	
First Name		
Surname		
Emergency Telephone Nos.	Home	Mobile
Relationship to proposed member		
In the event that you cannot be reached, please give an extra emergency contact name and number	Name	Emergency Contact No.
<p>Parental Consent In the event that my son/daughter is injured whilst playing football or travelling 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.</p> <p>I consent to appropriate photographs being taken and used by the club as a celebration of its activities and I understand that the club will follow fully the FA guidelines regarding images of children.</p>		
Signed.....Print Name.....		

To be completed by all membership applicants :-

- I agree to be bound by and to observe the Constitution of Grampound Football Club and The Rules and Regulations of The Football Association Limited, Cornwall County Football Association Limited, and all Competitions in which Grampound Football Club participates.
- I confirm that I have cleared all financial obligations to previous clubs.
- I agree to observe the Codes of Conduct and policies adopted by Grampound Football Club.
- I consent to disclosure to Cornwall County Football Association.

Signature:Date.....