

**Rocklands Youth FC Player Membership Form
2020/2021**



Age Group please tick

- Under 7's
- Under 8's Rockets
- Under 8's Reds (Dereham Based)
- Under 9's
- Under 11's
- Under 12's
- Under 13's
- Under 16's Rebels
- Under 16's Reds (Dereham Based)

Forename _____
Surname _____
Date of Birth: ____/____/_____
Home Address _____

Postcode _____
School Name / Address _____

Contact details for primary carer (parent/guardian)

Title _____ First Name _____
Surname _____
Email _____
Home Tel _____
Mobile No _____

Secondary Contact in case of emergency

Title _____ First Name _____
Surname _____
Email _____
Home Tel _____
Mobile No _____
Relationship to Child _____

Does your child have a medical condition/allergy we need to be aware of? YES / NO
If yes, please give details below

Emergency Medical Treatment

In the event of a child requiring medical treatment, we will contact the nominated primary carer in the first instance.

Where we are unable to reach them immediately, club first aides will administer 'emergency aid' if required.

Photography

The club may take and publish photographs on the club web page, or other social media accounts, etc.

By registering for the club, you consent to this unless tick below to 'Opt Out'.

Opt Out

Data Protection

The club may collect certain information in relation to the player to enable the club to effectively administer matters to do with the running of the Rocklands Youth FC.

Such information may be used in accordance with the provisions of the Data Protection Act 1998 including release to third parties where necessary in relation to Rocklands Youth FC, the wellbeing of our members and to ensure compliance by the player with the rules of The FA and Rocklands Youth Football Club

All data collected from this form will be stored by the club in possession of the Club Secretary & the necessary club manager(s) for emergency contact details and medical conditions. Once received this information will only be accessible by the necessary Club Committee Members (Chairman, Vice Chairman, Secretary, Welfare Officer & relevant age group team manager/coach)

Upon completion, please return this form to your Team Manager and make the necessary payment for Membership to the club account.

By signing this form, you are agreeing with the codes of conduct enclosed within this pack and opening a club membership for Season 2020/21 (September 2020 to May 2021). We reserve the right to cancel memberships without refund if Code of Conducts cannot be adhered to.

Training activities outside the above dates are carried out Free Of Charge as a trial period.

Player Signature _____

Parent Signature _____

Print Name _____

Date ____/____/____