

| For official use only | |
|-----------------------|--|
| Child ID | |
| Parent ID | |
| Emergency 1 ID | |
| Emergency 2 ID | |
| Registration Date | |
| Payment Reference | |
| Amount | |
| Processing Officer | |

Membership Form - Fill all sections: front and back

Write clearly in BLACK ink and BLOCK CAPITALS.

Child

| Title (Please circle) | Master | Mr | Miss | Mrs | Ms | Other: |
|--|--------|----|------|-----|----|--------|
| First Name | | | | | | |
| Middle Name | | | | | | |
| Last Name | | | | | | |
| Gender | | | | | | |
| Date of Birth (DD / MM / YYYY) | | | | | | |
| Address Line 1 | | | | | | |
| Address Line 2 | | | | | | |
| Town | | | | | | |
| City | | | | | | |
| Postcode | | | | | | |
| Home / Main Telephone | | | | | | |
| Mobile Telephone | | | | | | |
| Email Address | | | | | | |
| School Name | | | | | | |
| Year Group | | | | | | |
| Medical Conditions | | | | | | |
| Ethnic Origin | | | | | | |
| Additional Notes | | | | | | |
| Non-Playing Skills (i.e. Marketing, Photography, Accounts etc) | | | | | | |

Parent / Guardian

| Title (Please circle) | Mr | Miss | Mrs | Ms | Other: |
|--|----|------|-----|----|--------|
| First Name | | | | | |
| Last Name | | | | | |
| Relationship to Child | | | | | |
| Home / Main Telephone | | | | | |
| Work Telephone | | | | | |
| Mobile 1 Telephone | | | | | |
| Mobile 2 / Alternative Telephone | | | | | |
| Email Address | | | | | |
| Non-Playing Skills (i.e. Marketing, Photography, Accounts etc) | | | | | |

In the event that the above named Parent / Guardian cannot be reached, please provide two additional emergency contact details.

| | | | | | | |
|----------------------------|----------------------------------|----|------|-----|----|--------|
| Emergency Contact 1 | Title (Please circle) | Mr | Miss | Mrs | Ms | Other: |
| | First Name | | | | | |
| | Last Name | | | | | |
| | Home / Main Telephone | | | | | |
| | Work Telephone | | | | | |
| | Mobile 1 Telephone | | | | | |
| | Mobile 2 / Alternative Telephone | | | | | |

| | | | | | | |
|----------------------------|----------------------------------|----|------|-----|----|--------|
| Emergency Contact 2 | Title (Please circle) | Mr | Miss | Mrs | Ms | Other: |
| | First Name | | | | | |
| | Last Name | | | | | |
| | Home / Main Telephone | | | | | |
| | Work Telephone | | | | | |
| | Mobile 1 Telephone | | | | | |
| | Mobile 2 / Alternative Telephone | | | | | |

Child Declaration

I agree to be bound by and to observe the Club Rules and The Rules and Regulations of The Football Association Limited and Football Association and all competitions in which the club participates.

Print Name: **Signed:**

Date:

Parental Consent

In the event that my son / daughter is injured while playing football / travelling to and from football events and I cannot be contacted with the above details, I hereby give consent for my child to receive medical attention.

Furthermore, I hereby agree to be bound by Club Rules of Conduct for Parents and Spectators as well as consent to disclosure by London Football Association.

Finally, I confirm that all details on this application are correct and consent has been sought from the relevant parties before providing the club with their details.

I enclose **£15.00** / £ as an annual membership fee.

Print Name: **Signed:**

Date: