# THE SIR TOM FINNEY FOOTBALL CLUB

## PLAYER REGISTRATION FORM

**TRAINING NOT A REGISTERED PLAYER**

*****Please PRINT clearly and complete all the information*****

**FULL NAME OF PLAYER**: .....

**AGE**: ..... **D.O.B**: .....

**ADDRESS**: .....

.....**POSTCODE**: .....

**HOME TEL NO**: .....

**MOB TEL NO:** .....

**PARENT'S EMAIL ADDRESS:** .....

**ANY MEDICAL CONDITIONS**: Please indicate if you have ANY medical conditions we should be aware of eg. Asthma

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**ANY SPECIAL REQUIREMENTS OR NEEDS THAT YOU FEEL WE NEED TO KNOW**:

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**DO YOU CONSENT TO THE USE OF PHOTOGRAPHY?** (PLEASE CIRCLE) Y / N

**EMERGENCY CONTACT DETAILS:** *please provide 2**

**(1)** NAME: .....RELATIONSHIP: .....

ADDRESS IF DIFFERENT FROM ABOVE: .....

.....

HOME TEL NO: ..... MOBILE TEL NO: .....

**(2)** NAME .....RELATIONSHIP: .....

ADDRESS: .....

HOME TEL NO: ..... MOBILE TEL NO: .....

## D E C L A R A T I O N

I wish to become a member of The Sir Tom Finney Football Club and will abide by the Club Rules & Codes of Conducts. I must wear shin pads to all training sessions.

**Player's Signature**: ..... **Date**: .....

**Parent's Signature**: ..... **Date**: .....