



Membership Registration Form

Team Name : U / team name

It is very important that you complete all sections of this form as the Club must keep full records of every member. Please be sure to sign, print & date where indicated.

Player / Member Details

Full Name	
Home Address	
Post Code	
Home Tel No.	
Parents Mobile	
Date of Birth	
eMail address	
Sibling Name	
Sibling Team	

Education Details

School	
Address	
Post Code	
Head Teacher	
PE Teacher	
Current School Year	
Telephone No.	
Email address (if available)	

Payment Method	Membership Fees	
	Teams U7 and above	Youth Development
In Full	£120* payment made with this form by 30th Sept.	£100 payment made with this form by 30th Sept.
Instalments	£140 as £70† with this form 30th Sept. & £70 by 30th Nov 2016	Not available

NWRFC would encourage the payment of fees via online banking, please find details below:

Sort Code : 40-45-27

Bank Account Number : 41347012

Please use a bank ref. in the format: 2016 <Team> <Player Name> e.g ("2016 U11 John Smith")

I have made payment online, with a banking reference of _____

or

I enclose £_____ as my membership fee, refundable if this application is not successful. Cheques made payable to "Nascot Wood Rangers FC"

I have read and agree to be bound by and to observe the Club Consitution and Codes of Conduct (as published on the www.nwrc.com/policy) and The Rules and Regulations of The Football Association Limited and the County Football Association, and all competitions in which the Club participates. I consent to disclosure of these details to the County Football Association. I acknowledge that the details provided may be stored on a computer for club use only and understand that these will not be shared with any parties outside of the club. I agree to photographs being taken of my child for teh club website and other promotional material (the club will not assoicate any names to picture without further consent.)

I agree to reimburse the club for any fines resulting from bookings made against my child.

Signed		Print	
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* Each additional child when paid by a single installment £60, for online banking please use reference for eldest child

† Each additional child when paid by two installments of £35 by the dates above, for online banking please use reference for eldest child





Medical & Emergency Contact Details

It is very important that you complete this form as your Manager will use this in the event of an emergency to contact you or another of your nominated individuals below. **Please be sure to sign, print and date where indicated.**

Please note that basic personal insurance is included in your membership fees. You may like to take out additional insurance either personally or through the club. If you would like further information, please speak to your team manager.

Status (please tick one): Mr Mrs Ms Other _____

Name:	
Home telephone:	
Mobile telephone:	
Relationship to member:	
Email Address	

In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers:

1st Extra Contact Name:	
Relationship to member:	
Telephone numbers:	

2nd Extra Contact Name:	
Relationship to member:	
Telephone numbers:	

In the event that my child is injured whilst training/playing football, travelling to or from football events and I cannot be contacted on the above numbers, I hereby give my consent for my child to receive medical attention:-

Signed:		Print:	
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Date: _____

Please indicate any medical conditions that we should be aware of (e.g. such as Asthma) :-

