

# Newbury Ladies FC

## MEMBERSHIP FORM 2011-12

Name:		
Date of Birth:		
Address:		
Home Phone:		
Mobile Phone:		
Email address:		
Emergency Contact:	Name:	Number:
	Relationship to:	
List of relevant medical conditions/allergies:		
Summary of previous football experience (if new member):		

### Annual Membership Subscriptions:

	Annual Subs	Membership fee	Training	Matches	Total
Ladies teams	£60	£5	<i>included</i>	<i>Included</i>	£65

### PLAYER'S DECLARATION

I include payment of the annual basic subscription of \_\_\_\_\_ to cover all costs associated with training, coaching, team matches and insurance.

Player signature:

Date:

### **CHEQUES PAYABLE TO: NEWBURY LADIES FC, COMPLETED REGISTRATION AND SUBSCRIPTION TO TEAM MANAGERS**

### **For under 18 Players: Parent / Guardian Consent to Medical procedures**

I, being the person having parental responsibility for the above player, give permission form my daughter/ward to receive medication and any emergency medical, dental, or surgical treatment (including anaesthesia or blood transfusion) as deemed necessary by the medical authorities present.

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

Membership no			
Amount Paid			
Received by		Date	