



# TINGLEY ATHLETIC FOOTBALL CLUB

## Membership and Parent/Guardian Consent Form Season 2016/17



<b>Age Grp &amp; Team</b>			
<b>Player's Details</b>			
<b>First Name</b>		<b>Address</b>	
<b>Middle Name</b>			
<b>Last Name</b>		<b>Town</b>	<b>Postcode</b>
<b>Gender (M or F)</b>		<b>Home Phone</b>	
<b>Date Of Birth</b>		<b>Mobile Phone</b>	
<b>School Name</b>		<b>Email Address</b>	
<b>Doctor &amp; Medical Information of Player in case of emergency</b>			
<b>Doctor Name</b>		Any condition that requires medical treatment/medication  E.g. Asthma / inhaler  Allergies to anything including medication	
<b>Doctor Surgery</b>			
<b>Address</b>			
<b>Town</b>		Date of last tetanus injection (if known)	
<b>Post Code</b>			
<b>Telephone</b>			
<b>Parent / Guardian Details 1</b>			
<b>First Name</b>		<b>Address</b>	
<b>Middle Name</b>			
<b>Last Name</b>		<b>Town</b>	<b>Postcode</b>
<b>Relationship</b>		<b>Home Phone</b>	
<b>Emergency Contact? (Y /N)</b>		<b>Mobile Phone</b>	
		<b>Email Address</b>	
<b>Profession</b>		<b>Company Name</b>	
<b>Parent / Guardian Details 2</b>			
<b>First Name</b>		<b>Address</b>	
<b>Middle Name</b>			
<b>Last Name</b>		<b>Town</b>	<b>Postcode</b>
<b>Relationship</b>		<b>Home Phone</b>	
<b>Emergency Contact? (Y /N)</b>		<b>Mobile Phone</b>	
		<b>Email Address</b>	
<b>Profession</b>		<b>Company Name</b>	
<b>Declarations of Medical and Photographic consent</b>			
I agree to my child receiving medication as instructed, and any emergency treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations for the insurance cover provided. (If you <b>do not</b> consent please put a <b>CROSS</b> in the box)			
I give my consent for my child to be photographed whilst participating in football activities whilst under the responsibility of TINGLEY ATHLETIC FC. The club/affiliated leagues and FA can use these photographs to promote the club and or football (If you <b>do not</b> consent please put a <b>CROSS</b> in the box)			
Tingley Athletic FC undertakes to provide each player with shirt, shorts and socks for the season. Where available players will be provided with a waterproof jacket. This kit is loaned to the player until the end of the season (or when the player leaves) when it is to be returned to the club. A charge of £65 will be payable for any item which is damaged, lost or defaced (pro rata for each item, Jacket £30, Shirt £20, Shorts £9, Socks £6) By signing this form the above agree to the clubs policies as per its Respect Codes of conduct etc. a copy of which can be found on the Official Website <a href="#">Membership Pack</a>			
<b>Full Name (Capitals letters) of person giving consent</b>			
<b>Signed</b> <small>(Confirms the above to be true)</small>		<b>Date Signed</b>	

**This form or a copy must be taken by the person in charge of the activity. A copy should be retained by the club**



# TINGLEY ATHLETIC FOOTBALL CLUB

**Membership and Parent/Guardian Consent Form Season 2016/17**



**Please complete this form and hand to your Team Manager with appropriate fully completed registration forms and monies were applicable**

**PLEASE SETUP YOUR GOCARDLESS ACCOUNT AS IT'S THE PREFERRED METHOD (link below)**

<https://dashboard.gocardless.com/api/paylinks/OVZEF6CTNX>

## First Child Playing for Tingley Athletic JFC

(Any Age Group)

Method of Payment	Amount / Duration	Please tick choice
Go Cardless	8 Month x £17.50	
Cash	£140.00	
Cheque	£140.00	

Please claim gift aid on my Subscriptions

## Second or Subsequent Child(s) Playing for Tingley Athletic JFC (Any Age Group)

Method of Payment	Amount / Duration	Please tick choice
Go Cardless	8 Month x £14.50	
Cash	£112.00	
Cheque	£112.00	

Please claim gift aid on my Subscriptions