



# COLEBROOK ROYALS F.C.

## Membership Registration Form

Attach  
Three  
Current  
Passport  
Photos  
Here

Full name \_\_\_\_\_

Home address \_\_\_\_\_

Postcode \_\_\_\_\_

Home telephone number \_\_\_\_\_ Date of Birth \_\_\_\_\_

<b>Ethnic Origin</b>	White <input type="checkbox"/>	Chinese <input type="checkbox"/>
	Black African <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>
	Black other <input type="checkbox"/>	Pakistani <input type="checkbox"/>
	Indian <input type="checkbox"/>	Other(please specify) _____

### Player Position (If applying as a playing member please ✓)

Goalkeeper  Defender  Midfield  Forward

### Non Playing Skills (Please ✓)

Coach  Administrator  Fundraising  Other

### Education Details (If applicable)

Headteacher \_\_\_\_\_ PE Teacher \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ Postcode \_\_\_\_\_

Current school year \_\_\_\_\_

Telephone number \_\_\_\_\_

### Medical Details

Please indicate if you have any medical conditions we should be aware of eg asthma.

### Emergency Parent/Carer Details

Status (Please ✓) Mr  Mrs  Ms  Other

First name \_\_\_\_\_ Surname \_\_\_\_\_

Emergency telephone number \_\_\_\_\_ Mobile number \_\_\_\_\_

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

Name \_\_\_\_\_ Emergency contact number \_\_\_\_\_

Name \_\_\_\_\_ Emergency contact number \_\_\_\_\_

### Parental consent

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

I agree to be bound by and to observe the Club Rules and The Rules and Regulation of The Football Association Limited and County Football Association, and all Competitions in which the Club participates.

I enclose £ \_\_\_\_\_ as a membership fee to be repayable if this application is not successful.

I consent to disclosure by County Football Association.

Signature \_\_\_\_\_

