



Staveley Miners Welfare Juniors Football Club

SIGNING ON FORM

Age Group : _____ Team Name : _____

Managers Name : _____

Player Name : _____ DOB : _____

Address : _____

_____ Post Code : _____

Parent Guardian Name 1: _____ DOB: _____ Contact No 1: _____

Parent Guardian Name 2: _____ DOB: _____ Contact No 2: _____

Contact Email Address : _____

Medical Details: _____

Emergency Contact Name 1: _____ Contact Number 1: _____

Emergency Contact Name 2: _____ Contact Number 2: _____

I / We acknowledge receipt of the Codes of Conduct and Social Media Guidelines of Staveley Miners Welfare F.C and agree to abide by them.

I / We confirm that I have read and understood the Data Protection policy and consents contained in this agreement.

I / We give consent for my child to receive medical attention if injured whilst playing football/traveling to and from football events if I cannot be contacted on the above numbers.

Player Signature : _____ Date: _____

Parent/Guardian Signature : _____ Date: _____

Parent/Guardian Signature : _____ Date: _____

Managers Signature : _____ Date: _____

Secretary's Signature : _____ Date: _____

