

FC COMETS PLAYER REGISTRATION FORM 2016/17



<i>Player's Surname:</i>	<i>Player's Forename:</i>
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<i>Player's Date of Birth:</i>	<i>Team Age Group:</i>
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Kit Size (please give chest, waist, height measurements):

<i>Parent's Name:</i>	<i>Parent's Name:</i>
<i>Parent's Address:</i>	<i>Parent's Address:</i>
<i>Parent's Telephone Number:</i>	<i>Parent's Telephone Number:</i>
<i>Parent's Mobile Number:</i>	<i>Parent's Mobile Number:</i>
<i>Parent's Email Address:</i>	<i>Parent's Email Address:</i>

I/We hereby declare that we have read the FC Comets Charter on the Club website and agree to respect and abide by it in full

<i>Signature of Player:</i>	<i>Date:</i>
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<i>Signature of Parent/Legal Guardian</i>	<i>Date:</i>
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Parental Consent - First Aid and Web Site

It may be necessary for members of the management team or designated first aiders to provide rudimentary first aid during matches or training sessions. Should this be the case, we will inform you at the earliest possible opportunity. Please advise of any existing medical conditions that your child may suffer from.

Existing Medical Conditions

From time to time, FC Comets may use photographs from matches or other club events on the website or other publicity material. Should this be the case, no child will be identifiable by name;

I/We hereby give consent to the above. (please contact us if you wish to discuss further)

<i>Signature of Parent/Legal Guardian</i>	<i>Date:</i>
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