

# Caversham Association Football Club

FOUNDED 1970 BOYS, 1995 GIRLS



## MINOR PLAYER REGISTRATION AND CONSENT FORM - SEASON 2011/2012



TEAM NAME: ..... (E.g. Rangers, Colts)

AGE GROUP: UNDER

PLEASE PRINT THE FOLLOWING DETAILS:

Name of Player: .....

Address: .....

..... Post Code: .....

Player's Date of Birth: ..... School attended:.....

Parent/Guardian Names(s) ..... Occupation.....

Telephone Number: ..... Mobile Number: .....

EMAIL Address: .....

**I wish my child to Register with CAVERSHAM ASSOCIATION FOOTBALL CLUB. By signing this Form, I agree to the following:**

**My child and I will comply with the Club's Constitution, the Rules of the Football Association and the Rules of any League, Cup or Other Competition in which my child takes part.**

**I will abide by the Club's Code of Conduct when attending matches or training sessions and I will encourage my child and other spectators to do the same.**

**I understand that if I, my child, or any spectator associated with my child, fails to accept without question the decisions of Referees and Assistant Referees or directs abusive language towards officials, opponents or spectators, this may result in the Club Committee suspending for a period, or terminating, my child's membership regardless of whether any action is taken by any football authority.**

**In the event of an injury where I am not present I agree to my son/daughter receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. To the best of my knowledge my son/daughter does not suffer from any contagious or infectious diseases. If this changes I will inform the Club.**

**I accept that the Club, its Officers, Committee and Team Managers together with Match Officials (whether appointed by the Club or not) are under no obligation whatsoever in respect of personal loss or injury whether sustained on or off the field of play.**

### SUBSCRIPTION PAYMENT – SEASON 2011/2012 PAYMENT MUST BE MADE AT THE TIME OF REGISTRATION

(Please tick the appropriate boxes)

£80 per season (U6/U7/U8), each subsequent child £60.

£100 per season (U9 and above), each subsequent child £80.

Cash  Cheque  Cheque No.: .....

Cheque Account Name

(Cheques payable to **CAVERSHAM ASSOCIATION FOOTBALL CLUB.**)

Signed: .....(Parent/Guardian) Date.....

The completed Form inc. the payment details above should be returned to the Team Manager.

To be completed by Caversham AFC:

Identity Check	Returned	Registration Card Issued	Paid
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