



AFC TICKTON PLAYER CONTRACT



CHARTER STANDARD
DEVELOPMENT CLUB

SEASON...../..... TEAM U/.....

Personal Details

Surname..... Forenames.....

D.O.B..... Squad No.....

Address.....

.....Postcode.....

Educational Details (if applicable)

School.....

Address.....

.....Postcode.....

Head Teacher.....P.E. Teacher.....

Telephone No.....Current school year.....

Parent/Carer Details

Full Name.....

Address.....

.....Postcode.....

Home tel..... Mobile.....

E-Mail address.....

Medical Details Please indicate if there are any medical conditions/allergies of which we should be aware (e.g. Asthma, skin plasters etc)

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Emergency Contact Numbers

Name.....Tel No.....

Name.....Tel No.....

Yearly Subscriptions please tick method of payment **Season 2011/12 - £120.00**

Direct debit **£10 p/m** Cash **£10 p/m** One off payment (cash/cheque)

Parental Consent I hereby agree to be bound by and to observe THE CLUB constitution, rules and their codes of conduct, as well as the laws of the Football Association Ltd. In addition, to follow the rules & regulation of the East Riding County Football Association Ltd, and their Respect campaign. I hereby give consent to my child receiving medical treatment should he/she be injured whilst playing, training or travelling to or from a club organised event. I hereby give my consent for the club to contact the emergency numbers provided should mine be unobtainable. I hereby give my consent for my child's photograph to be taken and that it may be used for promoting and for the benefit of AFC Tickton only.

Signed.....Date.....