

Carse Thistle FC
Membership Registration and Parent/Carer Consent Form 2016 season



Players Full Name:

Home address:

Postcode:

Home tel no: Date of birth:

We'd like to keep in touch with you by email to keep you informed of club events/fixtures etc. **Please let us have your preferred contact email address.** This will not be shared with anyone not connected with the football club.

Parent/Carer email address:

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Medical Details

Please indicate if you have any medical conditions we should be aware of (e.g. asthma)

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Emergency Parent / Carer Details

Title: Mr Mrs Ms Other

First Name: Surname:.....

Emergency Tel No:

Mobile No:

In the event that the above named person cannot be reached, please give an **extra emergency** contact name and number along with the name of **your Doctors** surgery:

Name: Emergency Contact No:

Doctors surgery is:

Parental Consent

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

Signed: Date:

Print Name: