



Brook End Colts F.C

Player Registration Form

Player Details

Full Name:

Home
Address

Post Code

Home Tel. No

E-Mail

Date of Birth

Ethnic Origin	White	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>
	Black African	<input type="checkbox"/>
	Black Caribbean	<input type="checkbox"/>
	Black Other	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Indian	<input type="checkbox"/>
	Other	<input type="checkbox"/>

Emergency Contact Details

Full Name

Contact Home Tel No

Contact Mobile No

In the event that the above named person cannot be contacted,
Please give at least one additional emergency contact.

Full Name

Contact Home Tel No

Contact Mobile No

Full Name

Contact Home Tel No

Contact Mobile No

Medical Details.

Please indicate if your child has any medical conditions that you think we should be aware of.

Parental Consent

In the event that my child is injured whilst playing football / travelling to an from football events and I nor my other emergency contact can be reached, I hereby give consent for my child to receive medical treatment.

SIGNED :

NAME :

DATE :

I agree to abide and observe the various codes of practice supported by the club, together with the rules and regulations of the Football Association and all competitions the club participates.

SIGNATURE OF PLAYER :

SIGNATURE OF PARENT / GUARDIAN :

DATE :

Please complete this form and return to your Manager.