



MYFC PLAYER REGISTRATION FORM - SEASON 2017/2018

To be printed off and completed by parents/guardians and handed to Team Coach by no later than Friday, 14th July 2017. Late forms MUST be sent directly to the Registrations Secretary.

IMPORTANT: Please fill in ALL applicable details. Incomplete forms may be returned and delay registering players with the FA and relevant leagues.

MYFC Age Group			
Name of Coach			
Player's First Name			
Player's Last Name			
Player's Date of Birth, Age and Gender	Date of birth:	Age:	Gender: Boy / Girl
Player's Address	Address:		
	Post Code:		
Player's Doctors Surgery Name and contact number	Surgery Name:		
	Telephone Number:		
Player's Medical Condition(s) <small>(Please indicate below if your child has any known medical conditions e.g. Diabetes, asthma, epilepsy, allergies.)</small>			
Younger Sibling Discount	State Name(s) and Team/Age Group of Sibling(s) who are also MYFC Registered Player(s) to receive optional £30 discount for younger siblings in U7's-U16's teams		
Parent /Guardian Name(s)			
Parent/Guardian Email Address(es)			
Parent / Guardian Address (if different to player's address above)	Address:		
	Post Code:		
Parent /Guardian Telephone Number(s) <small>(include home, work and mobile number)</small>	Home:		
	Work		
	Mobile:		
Emergency/ Alternate Contact Details <small>(must be different to Parent/Guardian listed above)</small>	Name of Emergency contact:		
	Relationship to Player:		
	Contact telephone number(s):		



MALMESBURY YOUTH FOOTBALL CLUB
Red Bull Pitches, Bristol Road,
Malmesbury, Wiltshire SN16 0CR



Please read, complete and sign to confirm your acceptance of the conditions listed below

Medical

I/We give consent for my son/daughter to receive medical attention if a parent/guardian/emergency contact is not present or contactable.

Code of Conduct for Parents and Spectators

I/We have read and agree to abide by the Malmesbury Youth Football Club Code of Conduct for parents and spectators. If match fines are incurred, I/we will make full and prompt payment to MYFC.

Proof of Age

I/We have included a paper copy of my child's birth certificate or passport with my application.

Videos/Photographs

At times the club may wish to take photos or videos of the team or individuals to be used within the club. These could be used on the clubs website or social media pages.
 I/We give permission for photos or videos to be taken of my child and to be used within the club on the club's website or social media sites.

Please indicate by ticking the appropriate box

YES

NO

(If you have any questions or concerns over any of the above please contact your Team Coach or Club Welfare Officer.)

2017/2018 Fees

I/We agree to pay the 2017/18 fees.

I/We understand that if I do not pay the fees, my/our child will not be eligible to play matches.

Please indicate your method of payment below and provide your payee reference number if applicable:

Cash (payable by 14th July 2017)	Cheque (payable by 14th July 2017) Cheques should be made payable to Malmesbury Youth FC and include the players name and team on the back of the cheque.																								
BACs Transfer (payable by 14th July 2017) My payee reference* is: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>Y</td><td>F</td><td>C</td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td> </tr> </table>	M	Y	F	C	-			-					Monthly Standing Order Payable from August 2017 to May 2018 inclusive – monthly fee of £ _____ My payee reference* is: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>Y</td><td>F</td><td>C</td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td> </tr> </table>	M	Y	F	C	-			-				
M	Y	F	C	-			-																		
M	Y	F	C	-			-																		

***Payee Reference:** MYFC-Age Group-Child's Initials (e.g. MYFC-06-JWB for Joseph William Bloggs in the Under 6s)

I/We give permission to MYFC to retain and use the information on this form in accordance with the Malmesbury Youth FC Data Protection Policy. Player information will be stored on The FA's Whole Game Player Registration System, which is compliant and in line with the relevant UK data protection legislation.

I/We give permission for the Club to use the contact information on this form to contact parents/guardians with news, updates, match and event information.

Parent/Guardian Signature:	Date:	Please indicate if you are a single parent and can only supply one signature YES / NO
Print Name:		
Parent/Guardian Signature:	Date:	
Print Name:		

Player Conduct

I confirm I have received and agree to abide by the Malmesbury Youth Football Club Code of Conduct for players.

Player Signature:	Date:
Print Name:	