



Player Application Form



Founded 1985 | FA Charter Standard Club 2003 | FA Community Club 2005

Name of Child

School Year.....

Date of Birth

Address

.....

Email address

would you be happy to be contacted this way

1st Point of Contact

Tel Number(s)

2nd Point of Contact

Tel Number (s)

Please advise if the above named player has a sibling playing in another PJFC Team :

Name of Child **Team playing for**

At Penkridge Junior Football Club every effort is made to ensure the safety and welfare of our players. To enable us to do this each team needs to have a record of any relevant conditions they should be aware of :

Medical Condition (including Asthma
Diabetes, Epilepsy, etc)

Any Medication taken

Any Allergies

Is your child up to date with tetanus injections

Any other information the Team Manager should
be aware of regarding your child's well being ?

With respect to any photo's / Video being taken, please complete the following :

I am happy / not happy for my child's picture or full name to appear on either our club promotion/celebration material (newsletter, website, etc.) and/or in the local newspapers in their capacity as a player of Penkridge Junior Football Club.

I am happy / not happy for my child to be in a team photography that will be sent to our sponsors.

I hereby give consent for the team manager to exercise parental responsibility on my behalf during any team activity.

Signed Print Name..... Date.....

by signing this application form confirms you and your child have read and accept the terms and conditions of our club rules and codes of conduct

Relationship to the Child

For club use only	Member No.	Team	Date added to register
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