



TEAM:	
PLAYERS NAME:	
DATE OF BIRTH:	
PARENTS NAME:	
RELATIONSHIP TO CHILD:	
ADDRESS:	
POST CODE:	
HOME TELEPHONE NUMBER:	
MOBILE PHONE NUMBER:	
E-MAIL ADDRESS:	
KNOWN MEDICAL CONDITIONS:	

I confirm that the details supplied above are correct and agree to abide by the code of conduct and rules of Saughall Colts JFC, The Chester & District Junior Football League and the FA.

SIGNATURE..... DATE.....

I confirm that the details supplied above are correct and agree to abide by the code of conduct and rules of Saughall Colts JFC, The Chester & District Junior Football League and the FA.

I give permission for the team manager or person acting on his/her behalf to photograph/video our child and understand that such images may be used in the local media to publicise the club. Note: no personal details will be submitted.

I give permission for an accredited club official to administer first aid to my child should the need arise.

SIGNATURE..... DATE.....