Junior Player Membership



Player Information														
First Name							Surr	ame						
Date of Birth	D	D	М	М	Y	Y	Y	Y	Scho	ool				
Home Address														
Post Code														
Contact Inform	natio	n												
Parent/Guardian Email Addresses														
Parent/Guardia	an													
Name														
Relationship														
Contact Numb	er													
Name			1 1						<u> </u>	1 1	 	 <u> </u>	 I	
Relationship														
Contact Numb	er													
In the event that the above cannot be reached, please give an alternative emergency contacts.														
Name														
Relationship									_			 	 	
Contact Numb	er													
Medical Inform	natio	n												
Please indicate below if your child has any medical conditions or allergies that the club should be aware of - if so provide details.														
Please indicate below if your child has suffered from any of the following recently: concussion, fractures, or head, neck and spinal injuries - if so provide details.														

Declaration

Sevenoaks Town FC (STFC) requires your permission to publish content relating to your child, including match reports and team pictures, online and in print. STFC complies with FA Safeguarding Children Policies and Procedures and, as such, will not publish individual pictures with associated names. Please indicate below if this is acceptable to you.

Yes / No

- 1. I have read and completed this form and to the best of my knowledge the details given are true and accurate.
- 2. I undertake to inform the club of any changes to the above information at the earliest available opportunity.
- 3. I agree that, in the event of an emergency whilst involved in any club activities or travelling to and from any club activities including tours, my child may receive emergency dental, medical or surgical treatment, as considered necessary by the medical authorities present and that the above details may be made known to qualified medical personnel.
- 4. I agree that an approved DBS/CRC checked club official can access the club's database for emergency contact details and medical information on my child.
- 5. I accept and agree to abide by the club's and FA Respect Code of Conduct.

GDPR

Details of our Data Protection and Privacy Policy are available on our website www.sevenoakstownfc.co.uk

The club regards the following as an essential part of running the club and will therefore email you regarding team matters, club news and information which could include club sponsors' information. We will not pass your details onto any 3rd party other than the league your child competes in, The FA and County FA - this will enable your child to register for Sevenoaks Town FC.

We could also email you about non club matters such as other organisations' charity events and club members' sponsor requests. Please indicate whether you wish to Opt In or Opt Out of receiving such emails from the club.

Please delete/cross out the option below that <u>does not</u> apply I would like to Opt In I would like to Opt Out

Insurance

Sevenoaks Town FC (STFC) takes out personal accident insurance for members with the Kent FA of which details are available upon request. STFC cannot accept any responsibility for injuries sustained to players so it may be advisable to take out additional cover.

By signing this form we both agree to all of the above and as the pare	ent /guardian I give consent
for the club to register my child to play football for Sevenoaks Town F	C for the coming season.
Signature of Player:	Date: / /

Signature of Parent:	Date: / /