

AGE GROUP:

MANAGER:



**BROAD OAK & HORAM
JUNIOR FOOTBALL CLUB**
(FOUNDED 1969)



Membership Application 2014-2015 Season

Fees: U7s upwards - £100 per player

Please make cheques payable to Broad Oak & Horam JFC and put the name of the member on the reverse

First Name

Surname

Date of Birth

Name of Parent / Guardian

Address

Email Address (please write clearly to receive latest Club information/news)

Telephone Number (Home)

Mobile Telephone Number

Please state any Medical Conditions (please state "none" if applicable)

Emergency Contact Name

Emergency Contact Telephone No

In the event that my child is injured whilst travelling to or whilst taking part in football and I cannot be contacted on any of the above numbers, I hereby give consent for my child to receive appropriate medical attention. In addition, I and those associated with the registered member to agree to be bound by and to observe the club rules and codes of conduct, details of which are available on the club website www.broadoakjfc.org and the rules and regulations of the Football Association Ltd and Sussex County Football Association Ltd.

I understand that the information supplied on this form is to be stored on a computer of Broad Oak & Horam Junior Football Club and may be used for communication purposes (not marketing).

- I confirm I have read and understood the Codes of Conduct for Broad Oak & Horam JFC.
- From time to time the club will promote its successes using team pictures. Please tick this box if you **DO NOT** wish us to use the applicant's image in such promotion.
- Please tick this box if you **DO NOT** wish to be kept informed of club news.

Signed _____ Date _____