



# Iwade Herons Football Club

## Player Membership Form 2019/20 Season

Iwade Herons Team Name & Age Group 2019/20: eg Colts U9's, Rovers U8's

### Personal Details

Players Full Name:

Date of Birth:

Parents/ Guardian Full Name:

Home Address:

Postcode:

Parent/ Carer Email Address:

Parent/ Carer Mobile Number:

### Medical Questionnaire

If your child has any allergies, health needs ie asthma, epilepsy etc please tick box & detail below

My child has no medical requirements as far as I'm aware – please sign to confirm: .....

I give my consent for my child to receive medical attention either by the First Aider in charge or the emergency services if required, in my absence: .....

### Emergency Contacts

Contact 1 - Name & Relationship:

Phone:

Contact 2 – Name & Relationship:

Phone:

Doctors Surgery:

Surgery Phone:



On the club website [www.iwadeheronsfc.com](http://www.iwadeheronsfc.com) in the 'Downloads' section there are a number of documents containing the relevant club policies for the next section. Some are relevant to the player and some to the parent/ carer. You must read each statement below and then read the relevant policy and then sign each statement to confirm this has been read and understood. The first section relates to players and the second the parent/ carer.

**Player Declarations** (Player to sign – both lines must be signed)

I have read and understood the **IHFC Respect Code of Conduct for Players** - \_\_\_\_\_

I have read and understood the **IHFC Anti Bullying Policy** - \_\_\_\_\_

**Parent/ Carer Declarations** (Parent/ Carer to sign – all 4 lines must be signed)

I have read and understood the **IHFC Respect Code of Conduct for Parents** – \_\_\_\_\_

I have read and understood the **IHFC Anti Bullying Policy** - \_\_\_\_\_

I have read and understood the **IHFC Player Football Kit Policy** – \_\_\_\_\_

I have read and understood the **IHFC Membership Fees & Information & Policy** – \_\_\_\_\_

**Player Media Consent** (Please sign the appropriate Statement – 1 only))

I have read and understood the **IHFC Media Consent Policy** and give full consent for my childs image and/ or name to be used in conjunction with any Iwade Herons FC documentation or in the press: \_\_\_\_\_

I have read and understood the **IHFC Media Consent Policy** and DO NOT give consent for my childs image and/ or name to be used in conjunction with any Iwade Herons FC documentation or in the press: \_\_\_\_\_

Please add a note if you give permission but there are restrictions ie no surname etc:



**Direct Debit Details (MUST be completed)**

Account Number:

Sort Code:

NB: Only fill in the details below if the account holder is different to the parent/ carer on page 1

Account Holder Name:

Account Holder Email Address:

Account Holder Postal Address:

Post Code:

**Siblings Discount**

If you have more than one child in the club you will receive a discount on fees as documented in the **IHFC Membership Fees & Information & Policy**. Please confirm details below of any siblings within the club in order for us to process the discount:

Siblings Name: \_\_\_\_\_ Team Name & Age Group: \_\_\_\_\_

Siblings Name: \_\_\_\_\_ Team Name & Age Group: \_\_\_\_\_

Siblings Name: \_\_\_\_\_ Team Name & Age Group: \_\_\_\_\_

**Signing on Confirmation**

I confirm that I understand that my child is signing for Iwade Herons FC for the 2019/20 season, and that I agree to adhere to the policies I have read, understood and signed.

Parent/ Carer Name:

Signature:

Date: