



# RISBOROUGH RANGERS JUNIOR FOOTBALL CLUB



## Player Registration Form – Season 2011 / 12

Childs Name..... Current School Year .....

Date of Birth ..... Age Group – Under .....

Home Address .....

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Home Telephone / Mobile No.....

Email Address.....

### Parent / Carer 1 – Our first contact in case of emergency:

Name ..... Mobile.....

### Parent / Carer 2 – Our next contact in case of emergency:

Name..... Mobile.....

Any allergies or medical conditions of which we should be aware?

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In case of emergency, is there any pain relief that **must not** be given?

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Name of Family Doctor..... Telephone No.....

*In the event that my son/daughter is injured whilst playing football and I cannot be contacted on the above contact numbers, I hereby give my consent for my child to receive medical attention, as considered necessary by the medical authorities present.*

Parent / Carer Signature..... Date.....

Full name (capitals) .....

I, the parent / carer of the above named child, understand that I must abide by the Code of Conduct as detailed in the club handbook [www.risboroughrangersjfc.co.uk](http://www.risboroughrangersjfc.co.uk) - signed .....

I, the above named child, understand that I must abide by the Code of Conduct as detailed in the club handbook [www.risboroughrangersjfc.co.uk](http://www.risboroughrangersjfc.co.uk) - signed .....

Please return this form with registration fee to your age group manager

**Registration Fees: £50 for first child / £35 for second child /£15 for any further children.**

Please indicate Age group of any siblings .....

All cheques to be made payable to 'Risborough Rangers JFC'