

# Wythenshawe Amateurs Football Club Membership Registration Form



Full Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Home Tel No (inc STD code) \_\_\_\_\_

Date of Birth \_\_\_\_\_

E-mail \_\_\_\_\_

Signed \_\_\_\_\_

Player Position (if applying as a playing member) Please tick

Goalkeeper  Defender  Midfield  Forward

Non-Playing Skills

Coach  Administrator  Fund-raiser  Other

Education Details (if applicable)

Head teacher \_\_\_\_\_

PE Teacher \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

County \_\_\_\_\_

Post Code \_\_\_\_\_

Current School Year \_\_\_\_\_

Telephone No (STD Code) \_\_\_\_\_

E-mail \_\_\_\_\_

## Medical Details & Consent

Please indicate if you have any medical conditions we should be aware of, e.g. asthma

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Status (Please tick) Mr  Mrs  Ms  Other

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Emergency Telephone No \_\_\_\_\_

Mobile No \_\_\_\_\_

E-mail \_\_\_\_\_

In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers

Name \_\_\_\_\_

Emergency Contact No \_\_\_\_\_

Name \_\_\_\_\_

Emergency Contact No \_\_\_\_\_

Signed \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_

## Parental Consent

In the event that my son/daughter is injured whilst playing football/travelling to and from football events and I cannot be contacted on the above number, I hereby give my consent for my child to receive medical attention.

Signed \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_