



Sarratt Rebels FC

www.sarrattrebels.org

Email: info@sarrattrebels.org



Sarratt Rebels FC Membership Form 2016-2017

In order to maintain accurate records and ensure the safety of all children at Sarratt Rebels FC it is important that we have a completed Membership Form each Season for each child who plays at the club.

Fees for 2016-17 Season are as follows:

Year 8 +	£150 per annum
Years 2 - 6	£125 per annum
Reception and year 1	£100 per annum

Children's details

Children's details	Date of Birth	Age at 1.09.16	School attended and <u>Year</u>
Full name/...../.....
Full name...../...../.....
Full name/...../.....

Parents' details

Main Contact Title First name Surname

Mobile (1) Email (1)

Second Contact Title First name Surname

Mobile (2) Email (2)

Contact details

Address

Postcode Home tel

Emergency Contact – in the event that we cannot contact a parent on the above mobile or home numbers, please provide an alternative emergency contact name, relationship and number below:

Name :..... Relationship: Mobile :.....

Payment details

1. Please pay by BACS to Co-operative Bank – 089299 Acc No. 65581603
2. Cheques should be made payable to "Sarratt Rebels FC".
3. There is a 25% sibling discount available to the second child

PLEASE INDICATE HERE AMOUNT YOU ARE PAYING BASED ON ABOVE SUBSCRIPTION RATES

TOTAL

SUBS MUST BE PAID BY SEPTEMBER 2016



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Parent / Guardian Declaration

I (print name)of (print address or state "as above" if applicable), am the (Parent/ Legal Guardian) of the member named above ("my child") and declare that all information provided in this form is correct. In signing this form I acknowledge and accept that Sarratt Rebels YFC ("the Club") is a not-for-profit organisation run by unpaid volunteers, often parents of the members. I accept full responsibility for the welfare of my child while participating in club activity and undertake to ensure that there will always be a responsible adult present during club activity charged with the sole and absolute responsibility of tending to the welfare of my child. In the event of an accident or injury where the coach / club officer is unable to contact the parent(s) / guardian(s) named above and where no responsible adult with delegated authority can be located, I give permission to the Sarratt Rebels YFC representative present to act as my proxy in authorising medical treatment. I further consent to the Club first aiders to provide first aid treatment if required as they see fit in their sole and absolute discretion. For the avoidance of doubt I accept that it shall be the responsibility of neither the Club nor its officers, voluntary workers and servants to tend to the welfare of my child and that to the maximum extent permitted by the law all liability for the acts and/or omissions of the Club and its representatives shall be excluded. Moreover, I undertake to hold the Club, its officers, voluntary workers and servants harmless, provided always that they act in good faith, and to indemnify them in relation to any liability pertaining to my Son's activity that may accrue as the result of loss, damage to property, death or personal injury. I agree that my child be bound by the Laws and resolutions of the Football Association, and its Constituent Bodies and the Rules and Code of Conduct of Sarratt Rebels YFC.

I give my consent to the taking and publication of photographic images, taken by persons appointed by Sarratt Rebels FC for publicity / coaching purposes (including publication on the club website, printed marketing material, local newspapers, etc.) unless I have provided a separate letter or email of objection to Sarratt Rebels FC.

Data Protection

I understand the information being collected on the form is to enable my child to become a member of Sarratt Rebels FC. This information will only be used in connection with the activities of Sarratt Rebels FC.

Signature:.....

Date:.....

Please return completed forms to the club Secretary:

Penny Cloke
 5 Cedars Avenue
 Rickmansworth
 Herts
 WD3 7AW