

MEMBERSHIP 2008/2009

The Chair-person and Committee of Penwortham Town Football Club wish to welcome new and existing members to our club for the forthcoming year; we are one of the biggest clubs in this area with teams from U7s right through to the senior league.

The club will run a variety of events over the coming year and need members to help where they can, so please, if you're asked to help out remember all the money raised goes back to the players.

Types of membership.

Joint player/adult membership is available on payment of £25 signing-on fee, which entitles a player plus one nominated parent/guardian to membership for one year.

The fee must be paid in full before a player is eligible to play for the club and is used, in part, to purchase the required insurance cover, training equipment, kits, training tops and football socks for individual issue to reduce the risk of cross-infection of foot conditions.

Subscriptions will be paid monthly via standing order and will be £15.00 per month

Adult membership is available for any adult over the age of 18 years, this entitles the member to attend committee meetings and put their view on any matters arising or bring their own points to the meeting, they would also be asked to help with the fundraising events the club do, not only for the club but for Charities such as Derian House.

Applicants for membership of the club should complete the enrolment form and return it, with the appropriate fee(s) to the team Manager or Club secretary.

Application for player/adult membership £25

ENROLMENT 2008/2009

(Please complete using BLOCK CAPITALS)

Players Name _____

Date of Birth _____

Parent /Guardian

Mr/Mrs/Ms _____

Address

Post Code

Tel: _____

Mobile: _____

E-mail: _____

School _____

Team name _____

Age group _____

Managers Name _____

Players signature _____

Parent/guardian signature (if applicable)

Managers signature _____

Penwortham Town Football Club

Club Membership form & Parental Consent form 2008/09 Season



The aim of Penwortham Town F.C. is to coach players of all abilities and to improve as a player and a person.

www.penworthamtownfc.com

PARENTAL CONSENT FORM

(1) Details of football activity (Date/Time)

Training _____

Match Days _____

I agree to (player's full name) _____

participation in the activities described. I acknowledge the need for _____ to behave responsibly; I also as parent/guardian acknowledge the responsibility I have during these activities.

(2) Medical information about your child

A. Any conditions requiring medical treatment, including medication? YES/NO

If YES, please give brief details _____

B. Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary.

For residential visits and exchanges only (trip's abroad or parts of the country)

C. To the best of your knowledge has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the past four weeks that may be contagious or infectious.

If YES, please give brief details _____

D. Is your son/daughter allergic to any medication? YES / NO

If YES, please give brief details _____

E. When did your son/daughter last have a tetanus injection?

I will inform the manager or coach in charge as soon as possible of any changes I the medical or other circumstances between now and the commencement of the activities.

3. Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I understand the extent and limitations of the insurance cover provided.

Emergency contact (name)

Emergency contact telephone numbers (including national code)

Work _____

Home _____

Mobile _____

Home Address _____

Post code _____

Alternative emergency contact (name)

Alternative emergency contact telephone numbers (including national code)

Work _____

Home _____

Mobile _____

Home Address _____

Post code _____

Name of family Doctor

Doctor's telephone number _____

Address _____

Post code _____

Signed (parent / guardian) _____

Date _____

Full name (capitals) _____

THIS FORM OR A COPY MUST BE TAKEN BY THE PERSON IN CHARGE TO THE ACTIVITY.

A COPY SHOULD BE RETAINED BY THE RELAVENT PENWORTHAM TOWN F.C. SECRETARY.