



# FUFC Player's Membership Form



## Player's Details

Full Name	Nationality	Date of Birth
Street Address		School / College
Town	Post code	Email

## Parents/Guardian/Emergency Contact Details

Full Name	Telephone (Daytime)	Telephone (Work)
Address if different from above (otherwise leave blank)	Telephone (Evening)	Mobile
Town	Post code	Relationship

## Medical / Injury Details\*

Detail any medical conditions/allergies that we should be aware of:

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Please provide details of medication that must be administered:

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\* Please contact a member of staff if you would like to address your child concerns privately.

## Membership Fees

Please see a member of staff.

## Consent

- a) I agree to my son / daughter taking part in the activities of the youth floorball & conforming to club policies.
- b) I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.
- c) I consent to my son/ daughter travelling by any form of public transport, minibus or motor vehicle driven by staff members or any other parent attending, to any event in which the club is participating.
- d) I understand that the organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the clubs organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the organisers and that the organisers assume that you have arranged personal accident insurance if you feel this is necessary.
- e) I consent to photographs, DVD taken with authorised photographer at events and used in promotion of the youth floorball.

Signed ..... (Parent/ Guardian) Date: .....