



Sedlescombe Rangers FC
 Oaklands Park
 Sedlescombe
 East Sussex
 TN33 0UF

Sedlescombe Rangers Football Club Youth Player Membership Registration Form

Team Name (e.g. U9 Blues)	
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Player Details	
Full Name	
Address	
Post Code	
Tel number	
Date of Birth	

Parent/Guardian Details	
Full Name	
Address	
Post Code	
Tel number	
Email address	
<i>By signing this form I hereby consent to my child becoming a full playing member of Sedlescombe Rangers Football Club</i>	

Membership Fees
<i>By signing this form I hereby confirm I have read Sedlescombe Rangers FC's Pay to Play Policy and agree to pay, in full, the associated membership fees for the named player above in line with the payment terms set out by the club at the beginning of the season.</i>
Note: All items of clothing or equipment provided by Sedlescombe Rangers FC are the property of the club and should be returned should the player leave the club.

Medical Conditions
<i>Please indicate any medical conditions for the named player that the club should be aware of (e.g. asthma):</i>

Emergency contact details	
Full Name	
Emergency tel.	
Mobile no.	
Email address	
Secondary contact name	
Secondary contact tel.	
<i>By signing this form, in the event that my son/daughter is injured whilst playing football or travelling to and from football events and I cannot be contacted on the above number, I hereby give my consent for the named child to receive medical attention.</i>	

Codes of Conduct & Policies
<i>By signing this form I hereby confirm that both my child and I have read the Sedlescombe Rangers FC FA Codes of Conduct and Club Policies and that we agree to abide by the rules set out.</i>

Player Details			
<i>I hereby confirm that both my child and I have read and agree with all sections detailed on this form.</i>			
Player Name		Parent Name	
Player Sign		Parent Sign	
Date			