

REGISTRATION FORM - SEASON 2016-17



Personal Details			
First Name			
Surname			
Address Line 1			
Address Line 2			
Town			
Postcode			
Date of Birth		Team Age Group	

Details of Parent / Carer	
Contact Name	
Phone Number	
Mobile Number	
Email Address	

Emergency Contact Details	
Contact Name	
Phone Number	
Mobile Number	
Email Address	

Doctor's Details	
Dr's Name	
Health Centre	
Phone Number	
Medical Details	
Last Tetanus	
Medical Condition	Yes / No (if yes, then please specify in later section)
Medication	Yes / No (if yes, then please specify in later section)
Dietary Req's	Yes / No (if yes, then please specify in later section)

Details of any Medical Conditions	Details of any Medication
Allergies, phobias or disabilities	Ensure adequate supply at each event
Details of Dietary Requirements	Any Other Relevant Details

Collection of Children (tick as appropriate)	
Child may be collected by another parent	Child can make their own way home
Child can make their own way home in summer, but will be collected in winter	Child will ALWAYS be collected
Consents	
<ul style="list-style-type: none"> ● Leithen Vale Sports Club will record attendance and payments received at training sessions. I agree to pay £1 each week my child attends. ● I give consent to my child taking part in all activities run by LVSC. ● I give consent to my child being photographed and for these to be used for the promotion of the club (inc. websites, social media, newspapers, noticeboards etc) ● I agree to any emergency medical treatment to be given as considered necessary by the medical authorities if I cannot be contacted. Note that the medical profession takes the view that a parent's consent to medical treatment cannot be delegated. Medical consent forms have no legal status and the doctor has the right to insist on parental consent before treating a child. We have found, however, that medical staff find this type of general consent helpful. ● I give consent for the contact details provided to be used for future announcements, communication and team updates. This will help us to better communicate directly with parents about events, fixtures and training. ● I give consent for local press announcements to be issued by the club which may involve your child's team. ● I am willing for the club to continue to hold registration records on LVSC systems in accordance with Data Protection. This will help us continually improve the way we administer the club. ● I give consent for LVSC to register me and my child's details with Sporting Governing Bodies, or other associations in relation to the sport and in doing so may be required to pass on contact details (eg: SYFA, SBJFA etc) ● I accept that no refund of registration fees is due for a child leaving The Club throughout the membership year. 	
Signed	
Name	
Date	