



Isleham United Youth Football Club

Membership Form

Thank you for your interest in joining Isleham United Football Club.

This membership form will enable us to ensure your care and safety whilst participating in club activities and also ensures that you are covered by the clubs liability and personal accident insurance.

By completing the form you are not committed to play for the club until the new season begins.

Please ensure you have been signed in on the attendance register, paid your weekly training fee, which is set by the team manager and also signed out at the end of the session by a parent/ guardian.

Please also bring along to each session football boots, shin pads, training shoes, boots, a warm training top, a drink (not fizzy) and your weekly training fee which is set by your team manager

You will be required to complete an FA player registration form with a fee of £10.00 and it is the signing of that form that commits you to the club.

Application Form

To be completed by Parent or Guardian (If under 18)

Players Name:	
Date Of Birth:	
Parent/ Guardian Names:	1. _____ 2. _____
Address:	
Post Code:	
Home Phone:	
Work Phone:	
Mobile:	
Email Address:	
1 st Point Of Contact:	
Players Doctor Name:	
Players Doctor Address:	
Players Doctor Tel No:	
Any Specific Illnesses Or Allergies To Be Made Aware Of:	
Any Medication:	

I understand that I am also required to sign the Isleham United Youth FC players and parents code of conduct policies. In the event that the club is unable to contact a parent or guardian in the case of an emergency, I also hereby give permission for the player to receive emergency first aid treatment and in extreme cases taken to hospital.

Parent Signature:

Date:

(If under 18)

Player Signature

Date: