



FLEUR-DE-LYS YOUTH F.C.

FOUNDED 1967

Affiliated to Hampshire Football Association
An F.A. Charter & Community Standard Club



Membership Registration Form & Parental Consent for Football Activities

Player details

Full Name _____

Home Address _____

Postcode _____ Date of Birth _____

Home Telephone _____ Mobile Telephone _____

E-Mail Address: _____

Ethnic Origin (Optional)

White/Chinese/Black African/Black Caribbean/Black Other/Pakistani/Indian/Other
(Please specify)

Emergency Contact Details - (Parents or Guardian details)

Full Name _____

Home Address (If different from above) _____

Home Telephone _____ Mobile Telephone _____

E-Mail Address: _____

Alternative emergency contact name: _____

Relationship to child _____

Home Address _____

Home Telephone _____ Mobile Telephone _____

Name of family doctor: _____

Doctors Telephone No: _____

Doctors/Surgery Address: _____



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Medical information about your child

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

If YES, please give brief details:

b. Please indicate type of pain/flu relief medication your child may be given if required

c. Is your child allergic to any medication? YES/NO

If YES, please specify: _____

d. Does your child have any allergies? YES/NO

If YES, please specify: _____

e. Does your child carry any medicines with him or any medication for allergies? YES/NO

If YES, please specify: _____

f. When did your child last have a tetanus injection?

g. If they carry any medicines, do you give permission for a First Aider to administer these to your child if necessary? YES/NO

h. Do you give permission for First Aid to be given to your child? YES/NO

i. Do you give permission for your child to be sent to Hospital if necessary? YES/NO

I will inform the person in charge as soon as possible of any changes in the medical or other circumstances.



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3. Declaration

This is to certify that my child, _____ has my permission to participate in Fleurs De Lys Football Club and all the activities therein.

I agree to be bound by and to observe the Club Rules and The Rules and Regulations of The Football Association Limited and Hampshire Football Association, and all Competitions in which the Club participates.

In the event that my son/daughter is injured whilst playing football/travelling to and from football events and I cannot be contacted on the above number, I hereby give my consent for my child to receive medical attending.

I understand that participating in the sport of football carries with it risk of bodily and mental injury. I have assured these risks voluntarily and accept them.

I agree to my child receiving medication as instructed and any emergency dental, medical treatment as considered necessary by the medical authorities present.

I understand that participation with Fleur De Lys F.C. is voluntary and I have the right to withdraw my child at anytime. I understand the extent and limitations of the insurance cover provided.

Furthermore, this verifies that my child is current with their immunizations.

Code of Conduct for Parents / Spectators

Parents / Spectators have a great influence on children's enjoyment and success in football. All children play football because they first and foremost love the game – it's fun. It is important to remember that however good a child becomes at football within our club it is important to reinforce the message to Parents / spectators that positive encouragement will contribute to:

- Children enjoying football.
- A sense of personal achievement.
- Self-esteem.
- Improving the child's skills and techniques.
- A parent's / spectator's expectations and attitudes have a significant bearing on a child's attitude towards:
 - Other players.
 - Officials.
 - Managers.
 - Spectators.
- Ensure that parents / spectators within our club are always positive and encouraging towards all of the children not just their own.
- Encourage parents / spectators to:
 - Applaud the opposition as well as your own team.
 - Avoid coaching the child during the game.
 - Not to shout and scream.
 - Respect the referee's decision.
 - Give attention to each of the children involved in football not just the most talented.
 - Give encouragement to everyone to participate in football.

This form must be signed by a Parent or Guardian.

Signed: _____ Date: _____

Full name (block letters): _____

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