



KEMPSTON WEST END JUNIOR FOOTBALL CLUB

APPLICATION FOR MEMBERSHIP SEASON 2007-2008

Players Details			
<i>Full Name</i>		<i>Date of Birth</i>	
<i>Address</i>		<i>Team Age Group (Please Circle)</i>	U7 U8 U9 U10 U11 U12 U13 U14 U15 U16
		<i>Tel. No. (Home)</i>	
		<i>Tel. No. (Mobile)</i>	
<i>Postcode</i>		<i>Email Address</i>	
<i>Allergies/Health Conditions the Club should be aware of:</i>			
<i>(Please use back of sheet if required)</i>			

Parents/Guardians Details			
Mother		Father	
<i>Name</i>		<i>Name</i>	
<i>Tel. No. (Home)</i>		<i>Tel. No. (Home)</i>	
<i>Tel. No. (Mobile)</i>		<i>Tel. No. (Mobile)</i>	
<i>Email Address</i>		<i>Email Address</i>	

Use of Photographs and Recorded Images

I do/do not (*Delete as Appropriate*) consent to Kempston West End FC photographing/Videoring my child for the use of the clubs website and any other publications that the club produces, following the FA's guide lines on use of images.

Declaration

I acknowledge that my child will at all times conduct themselves in a manor that does not bring disrepute to the club, and agree to adhere to the club's constitution and code of conduct. I give permission for qualified KWE officials to administer minor first aid treatment to my child and if I cannot be contacted act on my behalf should emergency medical treatment be required.

Please note, that the subscription fee of £50 should be returned with the Membership Form to the players Team Manager for the above season (***Cheques should be made payable to Kempston West End FC***). If subscriptions are not received in time for the commencement of the new season then your child may be excluded from training and matches.

Signed.....
(Parent/Guardian)

Date.....

Print Name.....