

Child's Full Name:	
Child's Date of Birth:	
Home Address:	
Post Code:	
Your Telephone Number:	
Your Mobile Number:	
Your Email Address:	
Child's School:	
School Year 2011/12:	

Does your child have any medical conditions we should be aware of? Eg asthma YES  NO

if YES please give details .....

.....

Emergency Contact Details	Contact 1	Contact 2	Contact 3
Full Name:			
Telephone Number:			
Relationship to Child:			

**Parental Consent**

I agree to be bound by and to observe the Club rules.  
 In the event that my child is injured while playing football or during travel to/from football events and I cannot be contacted, I agree to my child receiving medical treatment.  
 I give my full permission for photographic images of my child to be taken at training sessions or matches and used for the promotional purposes of HBJFC.  
 I enclose £40 membership subscription made payable to HBJFC.

Parental signature: ..... Print name: .....

Date: ..... / ..... / .....

Please let us know if you can help with any of these? (tick all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Setting Up the Pitch (10 mins before) | <input type="checkbox"/> Coaching (Qualified)         |
| <input type="checkbox"/> Kit Washing                           | <input type="checkbox"/> Coaching (Not yet qualified) |