



# Stockport Eagles Junior Football Club

## Membership Form



Player Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_

School \_\_\_\_\_

Please indicate if player has any medical problems and give details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event that my son/daughter is injured whilst playing or travelling to/from football and I cannot be contacted I give my consent for them to receive medical attention.

(Tick box and sign below)

Sign \_\_\_\_\_

### Main Contact For Player

Name \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

### Give two more emergency contacts

Name \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

The club fully supports the FA Respect Campaign and has a codes of conduct for players, parents and coaches, please indicate that you have read and agree to abide by the codes:

Player  I agree

Sign \_\_\_\_\_

Parent  I agree

Sign \_\_\_\_\_