



Stockport Eagles Junior Football Club

FA CHARTER STANDARD 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 _____