

# The FA Charter Standard Club Programme Membership Registration Form



## Football Club Membership Registration Form

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Home Tel No (inc STD code) \_\_\_\_\_

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

E-mail \_\_\_\_\_

Signed \_\_\_\_\_

Player Position (if applying as a playing member) Please tick

Goalkeeper  Defender  Midfield  Forward

Non-Playing Skills

Coach  Administrator  Fund-raiser  Other

Education Details (if applicable)

Headteacher \_\_\_\_\_

PE Teacher \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County \_\_\_\_\_

Post Code \_\_\_\_\_

Current School Year \_\_\_\_\_

Telephone No (STD Code) \_\_\_\_\_

E-mail \_\_\_\_\_

## Medical Details

Please indicate if you have any medical conditions we should be aware of,

e.g. asthma

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Status (Please tick) Mr  Mrs  Ms  Other

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Emergency Telephone No \_\_\_\_\_

Mobile No \_\_\_\_\_

E-mail \_\_\_\_\_

In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers

Name \_\_\_\_\_

Emergency Contact No \_\_\_\_\_

Name \_\_\_\_\_

Emergency Contact No \_\_\_\_\_

Signed \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_