

Newbury Ladies FC



MEMBERSHIP FORM 2019-20

Name:		
Date of Birth:		
Place of Birth:		
Address:		
Postcode:		
Home Phone:		
Mobile phone:		
Email address:		
Emergency Contact:	Name:	Relationship:
	Telephone number:	
List of relevant medical condition/allergies:		
Summary of previous football experience (for new members):		

Data Protection

I consent to my picture and/or my name being published with match and league results where appropriate

The club privacy and data protection policies are available on the club website.
www.newburyladiesfc.co.uk.

Players signature:

Date:

For under 18 Players: Parent / Guardian Consent to Medical procedures

I, being the person having parental responsibility for the above player, give permission for my daughter to receive medication and any emergency medical, dental, or surgical treatment (including anaesthesia or blood transfusion) as deemed necessary by the medical authorities present.

Parent/Guardian Name:

Parent/Guardian Signature:

Date: