

Copmanthorpe Football Club: Membership Registration Form



Welcome to Copmanthorpe Football Club. Please complete the form accurately and hand it back to your team manager or administrator.

Part One: Personal Details		
Full Name		
Home Address		
Date of Birth		
Home Tel		
Mobile Tel		
Email		
Part Two: Medical Details		
G.P. Name		
G.P. Address		
G.P. Tel		
Known medical conditions		
Part Three: Equal Opportunities Monitoring		
We have included a section that asks for details of ethnicity and disability status. We include this for the purpose of equal opportunities monitoring. This is recommended by the codes of practice published by the Commission for Racial Equality, the Disability Rights Commission and the Equal Opportunities Commission to eliminate discrimination and promote equality.		
Ethnic Background		
Please select one category, below and mark an x in the box to indicate your ethnic background.		
A. White <input type="checkbox"/> English <input type="checkbox"/> Irish <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Other	B. Mixed <input type="checkbox"/> White & black Caribbean <input type="checkbox"/> White & black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other	C. Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other
D. Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other	E. Chinese or Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Other	
We will not use your monitoring information for any purpose other than internal club use and we will we not disclose these details to any third party.		
Part Four: Disability Discrimination Act		
As a Community Charter Standard Club, Copmanthorpe FC is committed to developing its Ability Counts section. In compliance with the 1995 Disability Discrimination Act (DDA), we need to ask you whether you consider yourself to have a disability, as defined by the act.		
Do you consider yourself to have a disability under the DDA?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
Brief Details of Condition.		

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Part Five: Education Details (where applicable)	
School Name	
School Address	
Head Teacher	
P.E. Teacher	
School Tel	
Current Year	

Part Six: Parent/Guardian Emergency Contact Details	
Status	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other
First name	
Surname	
Emergency Tel	
Mobile Tel	
Email	

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

Name	
Emergency Tel	
Name	
Emergency Tel	

Photography 1: I consent to Photographs of my child being used by the club for promotional purposes.

Name	
Signed	

Photography 2: I agree that any Photographs I take at club events and matches will for my sole private use only and will not be reproduced or broadcast through any form of media without the express permission of the football club.

Name	
Signed	

In the event that my child is injured whilst playing football or travelling to and from football events and I cannot be contacted on the above number, I consent for my child to receive medical attention. I have read the club code of conduct and agree to observe and be bound by the Club Rules. I accept that the club has committed in its constitution to be bound by the rules of the Football Association and the North Riding County Football Association.

I enclose *£25.00 Juniors/*£30.00 Seniors as a membership fee to be repayable if this application is not successful.

Signature:	
Print name:	

From time to time the club will contact members by email. If you *do not wish to be contacted* please tick this box