



BANCHORY COMMUNITY FOOTBALL CLUB

Child's Name: _____

Parents name: _____

DoB _____ **Age: Year** _____ (e.g. 2010)

Address: _____

Postcode: _____

Phone number: Home: _____

Mobile: _____

Email address: _____

Medical conditions/ allergies: _____

First aid disclaimer (This disclaimer must be signed before the child can play football)

Should my/our child/children require first aid treatment then I agree to allow a coach/first aider appointed by Banchory Community FC to administer first aid. I also agree to inform the coach/first aider of any medication that may be required during coaching/matches

Emergency contact name/number: _____

Volunteering: Youth football always relies on parents and guardians to help, if you think you can help out with any of the following please let us know.

Coaching Setting up Returning kit to Shed Fun Day Helper

Membership Fees SATURDAY ONLY DEVELOPMENT & COMPETITIVE TEAMS

CHILD £100 £150

THIRD CHILD & MORE FREE FREE

(lowest cost goes free) (Payment by cheque made out to Banchory Boys Club handed to Coach)

SIGNED _____

(I agree to the BCFC first aid policy and code of conduct for parents & children.)