



# DENMEAD BELLES



Denmead Belles Football Club

CHAIRPERSON: [chris.ranger@denmeadbelles.org.uk](mailto:chris.ranger@denmeadbelles.org.uk)

SECRETARY: [craig.gibbins@denmeadbelles.org.uk](mailto:craig.gibbins@denmeadbelles.org.uk)

TREASURER: [julia.scott@denmeadbelles.org.uk](mailto:julia.scott@denmeadbelles.org.uk)

## JUNIOR REGISTRATION/ CONSENT FORM (Part 1 of 2)

Please register me with **Denmead Belles Football Club** for the season 2009/2010. I understand that I must, in accordance with the rules of the club, pay £90.00, which will cover winter training costs and match fees. Fees are payable in advance and can be by three cheques, each to the value of £30, payable on submission of the registration form and two post dated for the following two months.

In addition, Players and Parents must read and act in accordance with the DBFC Code of Conduct, available on the website (or printed copy on request). Part 2 of this registration form must also be completed.

Note: New members are required to provide one **passport** size photographs with name and d.o.b. on the reverse.

**Please return Completed forms, with cheques to:**

**The Membership Secretary, DBFC, 78 Hambledon Road, Waterlooville, PO7 6UP.**

### PLEASE COMPLETE THE FOLLOWING IN BLOCK LETTERS

#### PLAYERS DETAILS

FIRST NAME(S)		SURNAME:	
DATE OF BIRTH: (Birth Certificate must be seen)		TEAM: (U11s; U13s; U15s; U17s)	
SCHOOL YEAR :			
SCHOOL (As of September 2009)			
FULL HOME POSTAL ADDRESS:			
POSTCODE:		TELEPHONE NUMBER:	
E-MAIL:		MOBILE NUMBER: (In case of Emergency)	
PLAYERS PLACE OF BIRTH:		MOTHERS MAIDEN NAME:	
PLAYERS SIGNATURE: (PLAYER MUST SIGN)		DATE:	

#### CONSENT OF PARENT OR LAWFUL GUARDIAN

This section **must be read and completed** by the player's parent or lawful guardian.

I give permission for:

- the above named player to participate in the activities arranged and accept that the club will not be held responsible for any accidents incurred.
- in the case of an emergency, medical advice may be sought and first aid administered.
- I agree to group/ team photographs being taken by authorised club officers (Please delete if you do not agree with this statement).
- to the above details being retained for the purposes of administration and player safety in accordance with the data protection act.
- I understand that the team manager/coach may exclude my child from a session if not adequately dressed or for bad behaviour.

Relevant health information (allergies, etc.)			
TETANUS INJECTION:	YES/NO	( IF YES PLEASE STATE DATE)	

#### DOCTORS DETAILS (IN CASE OF AN EMERGENCY)

NAME:	
ADDRESS:	
TELEPHONE NUMBER:	

(NOTE: THIS INFORMATION IS REQUESTED TO HELP ENSURE YOUR CHILDS SAFETY. PLEASE ENSURE IT IS COMPLETED OR IT WILL DELAY REGISTRATION WITH THE LEAGUE.)

SIGNED:..... (PARENT/LAWFUL GUARDIAN)

DATE:.....



Hampshire Football Association  
Registration Number: GYP00484  
[www.denmeadbelles.org.uk](http://www.denmeadbelles.org.uk)





# DENMEAD BELLES

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<b>Indicate willingness to assist with committee work and give details, e.g. administration, fund-raising, social:</b>			
Yes/No*	Details:		
<b>Are you happy to receive Club information by email?</b>	Yes/No*		*delete as required

### CODE OF CONDUCT (Part 2 of 2)

Players and Parents must read and act in accordance with the DBFC Code of Conduct, available on the website (or printed copy on request).

It is our policy that all Club Managers, Coaches, Parents and Spectators must act in accordance with the DBFC Code of Conduct. Any person who disregards this behaviour may be asked to leave the field of play.

**I HAVE READ AND UNDERSTAND THE CLUBS CODE OF CONDUCT FOR PARENTS AND PLAYERS AND AGREE TO ADHERE TO IT.**

**SIGNED:..... (PARENT/LAWFUL GUARDIAN)      DATE:.....**

**SIGNED:..... (PLAYER)      DATE:.....**

The Club holds certain data relating to each member. This information includes the member's name, address, telephone numbers, e-mail and other details of a purely administrative nature. The data is used for the purpose of organising events and contacting club members. This information may be disclosed to third parties such as club officers and to other parties to facilitate the smooth running of the club. It is necessary for the club to obtain your consent to use the data the club holds on you in the way envisaged above and we would be very grateful if you would sign and return the copy of this form to signal your consent to this.

For Committee use only:

Application	Approved/ Not Approved	Date	
Subscription received	Cheque:		
	Cheque:		
	Cheque:		
Birth Certificate			
Code of Conduct Accepted			
Date application acknowledged			
Committee Comment:			



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