

# GGNP Football Club Membership & Medical Consent Form

In Association with the Guidelines set out by The FA



## PLAYER MEMBERSHIP FORM FOR SEASON 2006-2007

PLAYERS FULL NAME:  
 ADDRESS:  
 POSTCODE:  
 TELEPHONE:  
 DATE OF BIRTH:  
 SCHOOL:

Any Known Medical Condition	
SERIES MEDICAL CONDITION	
Emergency Contact Name	
Relationship to Child	
Emergency Contact Phone Number	
Emergency Contact Address	
E-Mail	
Membership Number	

### Medical Consent Form

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

Name \_\_\_\_\_

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

Name \_\_\_\_\_

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

#### Parent Consent

**In the event that my son/daughter is injured whilst playing football/travelling to and from football events and I cannot be contacted on the above number, I hereby give my consent for my child to receive medical attention.**

Signed \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_

**By signing this form you are agreeing that you have read and will abide to the Club's Code of Conduct and Club Rules as outlined on the website [www.ggnpfc.co.uk](http://www.ggnpfc.co.uk).**



Affiliated to Birmingham County Football Association



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