



Player Registration Form

Ultimate Footballers / Philip Novell:

Player Details			
Name		D.O.B	
1 st line of Address		Town	
Post Code		Tel	
Email		School	

Emergency Contact Information			
Contact 1 Name		Tel 1	
Tel 2		Tel 3	
Contact 2 Name		Tel 1	
Tel 2		Tel 3	

Medical Information	
Details	



Parental Consent

By returning this completed form I agree to the child named above taking part in the activities of the club/school. I have read the Code of Conduct for both players and parents/guardians and agree to abide by those whilst in the care of the club/school and I understand that any serious or continued breach of these codes may result in my child being expelled from the club/school.

Parent/Guardian Name:

Parent Guardian Signature:

Date:

Photography / Video

From time to time the we may wish to take photos / videos for use in local, regional or national media /social media. Please sign below to indicate your agreement for photos / videos to be taken for the above reasons.

Parent/Guardian Name:

Parent Guardian Signature:

Date: