



Wheatley Wanderers JFC Membership & Registration Form

Club Membership

Club membership is open to any person regardless of race, age, gender or ability who completes a "Membership Registration Form". Membership will be effective upon the applicant's name being entered in the "Membership Register". This is associated with the completion of a registration form and payment of annual fee.

The Club Committee will be responsible for the management of all affairs of *The Club* (WWJFC).

As a member you are entitled to use of the football facilities and football kit. The kit at all times will remain the property of The Club.

Club Committee

The Club Committee will consist of the "Senior Executive".

As provided for in Rules and Regulations of The Football Association and the County Association to which the Club is affiliated, the Club Committee shall have the power to decide all questions and disputes arising in respect of any issue concerning the Club Rules.

By signing below you are agreeing to become a member of WWJFC and agree to fully adopt the rules & regulations and Codes of Conduct of The Club. Failure to fully comply and agree would mean membership to WWJFC being rejected.

I (Parent of) fully agree to abide by the rules & regulations and Codes of Conduct The Club.

Signed.....

Date.....



Membership Registration Details

Parent/Carer Details

Child details

Status (Please tick): Mr ☐ Mrs ☐ Ms ☐ Other _____

Full Name: _____

First Name: _____

Home Address: _____

Surname: _____

Emergency Tel No: _____

Mobile No: _____

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

Post Code: _____

Home Tel No: _____

Name: _____

Date of Birth: _____

Emergency Contact No: _____

Name: _____

Emergency Contact No: _____

I agree to be bound by and to observe the Club Rules and The Rules and Regulations of the Football Association and parent County Association and all Competitions in which the Club participates.

I enclose £ _____ as a membership fee to be repayable if this application is not successful.

Signature: _____

Medical Details

Please indicate if you have any medical conditions we should be aware of e.g. asthma

Parental 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 numbers, I hereby give my consent for my child to seek medical attention.

Signed: _____

Print: _____

Current School Year: _____