



Wheatley Wanderers JFC Volunteer & Adult 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 of the club, all property used in the connection of the club remains the sole ownership 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, policies, Codes of Conduct of The Club, and that you have seen and understand the 4 Respect Codes of Conduct (1- Coaches, Team Managers, Club Officials, 2 - Match Officials, 3 - Spectators, Parents and Carers, 4 - Young Players) . Failure to fully comply and agree would mean membership to WWJFC being rejected.

Ifully agree to abide by the rules & regulations, Codes of Conduct The Club and Respect Codes of Conduct.

Signature.....

Date

Membership Registration Details



Personal Details

Status (Please tick): Mr Mrs Ms Other _____

First Name: _____

Surname: _____

Home Address: _____

Post Code: _____

Mobile No: _____

Home No: _____

Email: _____

Date of Birth: _____

Position in club: _____

Photo Provided: _____ Yes / No _____

FAN Number: _____

Football Qualifications: _____

Fa Coaches Club Printout Attached _Yes / No_

Medical Details

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

In the event of an emergency please give two extra emergency names and numbers.

Name: _____

Emergency Contact No: _____

Name: _____

Emergency Contact No: _____

Training Given at point of membership

Goal Post Safety: _____ Yes / No _____

Concussion Guidelines : ____ Yes / No _____

Data Protection Policy: ____ Yes / No _____

Privacy Notice: _____ Yes / No _____

Social Media Policy: _____ Yes / No _____

Role Description: _____ Yes / No _____

I agree to be bound by and to observe the Club Rules/Policies 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. (For team players only)

Signature & Date: _____

Wheatley Wanderers JFC will collect and hold personal information about individuals. Please refer to our Data Protection and Privacy Notice on how we use and hold information we collect from you and is available on our website www.wheatleywanderers.co.uk.

Club Official use: Member approved Yes / No	Details uploaded to whole game system: Yes/No
Additional Notes: Safeguarding –	DBS check-