

AFC Aldermaston
Founded 1952



MEMBERSHIP APPLICATION FORM (For football season 2020/21)

Age Group	Tots	U8	U9 GOL	U9 PHYL	U10	U12	U13 GOL	U16 Girls	U18
Please Tick									

(This form **MUST** be completed to enable your child to train/play with AFC Aldermaston)

Football Organisation: - AFC Aldermaston

Details of football activity: - Training sessions and matches representing AFC Aldermaston

Fees for (2020-21) Season: - Registration and Training Fee -£85 Match Fee -£3.00
(Totalling £145 per year with approximately 20 matches per player)
Tots Fee - £5

Personal Details

Full Name of Player:	
Date of Birth:	
Home Address:	
Home Tel No:	
Mobile Tel No:	

Education Details

School Year as of September 2020:	
School Name:	

Medical Details

Doctors Name:	
Doctors Surgery:	
Doctors Tel No:	
Please indicate any medical conditions that AFC Aldermaston should be aware of e.g. allergies or asthma.	

Please specify any medications your child may need.	
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I agree to notify the club or relevant member of the coaching team of any changes to my child's medical needs.

- **I will always supply my child/the club with appropriate medication.**

I have read the Codes of Conduct for Players & Supporters and I agree to be bound by and observe the Club Rules and the Rules and Regulations of the Football Association Limited and Football Association and all competitions in which the Club participates.

I enclose £ as a membership fee to be repayable if this application is not successful. (Cash payment or BACS payment to Acc; 91189905 Sort Code; 40-44-56 stating reference Age, Surname, Initial e.g. U12FordW)

BY COMPLETING THIS FORM I AGREE TO MY CHILD'S PERSONAL AND MEDICAL DETAILS BEING SHARED WITH AFC ALDERMASTON MANAGERS/COACHES IN ORDER TO SAFEGUARD YOUR CHILD AT TRAINING AND MATCHES.

Signed: _____ Date: _____

THIS FORM WILL BE RETAINED BY THE REGISTRATION OFFICER FOR AFC ALDERMASTON.



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Emergency Parent/Guardian/Carer Details:

(Required for your child to train and play for AFC Aldermaston season 2020/21)

Primary Contact

Full Name of Parent/Guardian/Carer	
Relationship to child:	
Home Address:	
Tel No:	
E-mail:	

Alternative Contact

Full Name of Parent/Guardian/Carer	
Relationship to child:	
Home Address:	
Tel No:	
E-mail:	

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 any of the above numbers then I hereby give my consent for my child to receive medical attention.

Signed: _____ **Date:** _____

Full Name
(capitals): _____