**A logo with a tree and football ball

Description automatically generatedGreen Hammerton Junior Football Club – 2023/24**

[greenhammertonjuniorfootball@gmail.com](mailto:greenhammertonjuniorfootball@gmail.com)

[www.greenhammertonjuniorfootball.org](http://www.greenhammertonjuniorfootball.org)

**MEMBERSHIP APPLICATION 2023-2024 SEASON:  
Please complete all sections and save as a PDF where possible and return via email to the Secretary to the email address above.**

I request to join the group GREEN HAMMERTON JUNIOR FOOTBALL as a MEMBER (non- committee) for the 2022-2023 season. I agree to abide by the FA Code of Conduct for Parents/Carers (as detailed on our website [www.greenhammertonjuniorfootball.org](http://www.greenhammertonjuniorfootball.org) ) and take responsibility for explaining the Junior Players Code of conduct (as detailed on our website [www.greenhammertonjuniorfootball.org](http://www.greenhammertonjuniorfootball.org)) to the player.

I enclose/ agree to pay online my membership fee £5\* *(\*included in first term fee)*

**And I agree that the information on this form may be stored securely by the organisation under the terms of GDPR 2018.**

SIGNED PARENT/CARER (*digital signature or initials are acceptable*): …………………………………………………

LEGAL NAME (CAPS PLEASE): ……………………………………………………………………………….

DATE OF BIRTH (for FA Whole Game registration): ……………………………………………..

RELATIONSHIP TO PLAYER: ………………………………………………………………………………….

EMAIL ADDRESS: …………………………………………………………………………………………………

TELEPHONE NO: ………………………………………………………………………………………………….

**PLAYER DETAILS**NAME: ………………………………………………………………………….

DATE OF BIRTH\*: …………………………………………………………..  
*\*If for Safeguarding reasons you are unable/ prefer not to complete this section please insert the 1st of the month AFTER your child’s birth date*

TEAM AGE GROUP (U7, U11 etc): ……………………………………

FULL ADDRESS AND POSTCODE:

………………………………………………………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………………………………..

MEDICAL NEEDS/ ALLERGIES:

Are there any medical conditions/allergies of which the coaches should be aware?

……………………………………………………………………………………………………………………………….

Is there any specific action that should be taken?

……………………………………………………………………………………………………………………………….

EMERGENCY CONTACT DETAILS 1:

Name ………………………………………………………………………….

Relationship to player …………………………………………………

Mobile phone number ………………………………………………..

EMERGENCY CONTACT DETAILS 2:

Name ………………………………………………………………………….

Relationship to player…………………………………………………

Mobile phone number………………………………………………..

SAFEGUARDING:

*Do you* ***agree*** *to GHJFC taking photographs at the session and using them (unnamed) for press/ evaluation/ website and for future courses?* YES/ NO

**The safety and welfare of the players is at the heart of our club policy and all the young people involved should be here for the enjoyment of playing sport in a safe environment with their peers.**

PAYMENT:

Green Hammerton Junior Football

Lloyds Bank

Sort code: 309009

Account: 47070660

Please return this form to Green Hammerton Junior Football via the email to the address above in advance of training. Many thanks for your support of Green Hammerton Junior Football Club.