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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent/Guardian of | | | | | ………………………………………………………………………........................................... | | | | | | | | | | | | | | | | | |
| CIRCLE THE AGE GROUP THAT THE MEMBER WILL BE IN AS AT 31st AUGUST 2017 | | | | | | | | | | | | | | | | | | | | | | |
| U6 (Free) | | GIRLS | | U7 | | | U8 | | U9 | | U10 | U11 | U12 | | | U13 | U14 | | | U15 | U16 | U17 |
| Coaches Name | | | ……………………………………................ | | | | | | | | | | | Team Name…………………………......... | | | | | | | | |
| This is your club registration, remittance advice notice, and parental consent form, for the above named member for season 2017 - 2018. | | | | | | | | | | | | | | | | | | | | | | |
| Annual Membership  (per player) | | | | | |  | | | | Annual Membership  (per player) | | | | |  | | | CASH | | | | |
| U7 & GIRLS | | | | | | U8 to U16 | | | | | CHEQUE | | | | |
| **£40** | | | | | |  | | | | **£80** | | | | |  | | | PLEASE CIRCLE PAYMENT | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| This is a one off annual fee that allows children up to the age of 18 to become members of Cringleford JFC. The fee covers FA and league registrations, insurance, training, cost of referees, pitch fees, kits and equipment. Please complete the form and hand to any committee member. Payment is by cash or cheque payable to Cringleford Football Club. (No payment by BACS at the present time due to administration of player numbers). | | | | | | | | | | | | | | | | | | | | | | |
| Membership fees are non-refundable. If a member chooses to leave, The Club will not normally refund any of the membership fee, other than in exceptional circumstances and then only with the agreement of The Club Committee. If a member is asked to leave The Club, no part of the annual membership is refundable. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Information Required** | | | | | | | | **Information to be provided**  **(please complete all below details)** | | | | | | | | | | | | | | |
| Member’s Date of Birth | | | | | | | |  | | | | | | | | | | | | | | |
| Members School and Year | | | | | | | | School: | | | | | | | | | | | School Year: | | | |
| Name(s) of Parent(s) or Guardian(s) | | | | | | | |  | | | | | | | | | | | | | | |
| Contact Address | | | | | | | |  | | | | | | | | | | | | | | |
| Contact Telephone Number (home) | | | | | | | |  | | | | | | | | | | | | | | |
| Contact Telephone Number (mobile) | | | | | | | |  | | | | | | | | | | | | | | |
| Contact email Address(es) | | | | | | | |  | | | | | | | | | | | | | | |
| Other emergency contact name  and phone number | | | | | | | |  | | | | | | | | | | | | | | |
| **Medical Details**  Please indicate if your child has any medical conditions, allergies to medication, special dietary requirements, asthma, contagious diseases, etc. we should be aware of (please update this section even if information has been provided previously – we will record the information you enter here as being current): | | | | | | | | | | | | | | | | | | | | | | |
| …………………………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | | |
| …………………………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | | |
| ………………………………………………………………………………………………………………………….... | | | | | | | | | | | | | | | | | | | | | | |
| **Photography & Video Camera Usage**  The Club will not usually seek to prevent photographs or videos being taken or used. If this causes difficulty for you, please speak to the child welfare officer (Trudi Sharred) before joining The Club. If any parent or guardian wishes a particular picture of their child appearing on the Cringleford Football Club website to be removed, this can be requested by speaking to any committee member. | | | | | | | | | | | | | | | | | | | | | | |
| Codes of Conduct | | | | | | | | | | | | | | | | | | | | | | |
| **Parents and Supporters** | | | | | | | | | | | | | | | | | | | | | | |
| * The world will carry on - EVEN if the team loses. | | | | | | | | | | | | | | | | | | | | | | |
| * The game is primarily for boys and girls to enjoy playing football, so enjoy watching. | | | | | | | | | | | | | | | | | | | | | | |
| * Applaud after good play and encourage after mistakes. | | | | | | | | | | | | | | | | | | | | | | |
| * Recognise the skill, enthusiasm and sporting behaviour of both teams. | | | | | | | | | | | | | | | | | | | | | | |
| * Do not query match officials or use abusive language towards them, no matter how ludicrous their decisions may appear! | | | | | | | | | | | | | | | | | | | | | | |
| * Keep your self-control, even in moments of high tension. | | | | | | | | | | | | | | | | | | | | | | |
| * Never trade insults or confront other spectators. | | | | | | | | | | | | | | | | | | | | | | |
| * Do not coach players from the sidelines, leave that to their coaches. | | | | | | | | | | | | | | | | | | | | | | |
| * Reject violence, both physical and verbal, in ALL aspects of the game. | | | | | | | | | | | | | | | | | | | | | | |
| * Congratulate winning teams and accept losing positively, preferably with a smile. | | | | | | | | | | | | | | | | | | | | | | |
| * Bringing the club into disrepute, or breaching the code of conduct may result in you being asked to sever all connections with the club. | | | | | | | | | | | | | | | | | | | | | | |
| **Players** | | | | | | | | | | | | | | | | | | | | | | |
| * Always respect the referee’s decision. Thank him/her after each match. | | | | | | | | | | | | | | | | | | | | | | |
| * Treat the opposition as you would like to be treated, always shake hands after a match. | | | | | | | | | | | | | | | | | | | | | | |
| * Never swear or use abusive language. | | | | | | | | | | | | | | | | | | | | | | |
| * Play to win but play for fun. Enjoy playing football. | | | | | | | | | | | | | | | | | | | | | | |
| * Encourage your team mates – mistakes happen – the next one may be yours! | | | | | | | | | | | | | | | | | | | | | | |
| * Take responsibility for your actions and your own performance. | | | | | | | | | | | | | | | | | | | | | | |
| * Keep your self-control, even in moments of high tension. | | | | | | | | | | | | | | | | | | | | | | |
| * Without your coach, you don’t have a game, listen and accept their decisions no matter how unfair you think they are. | | | | | | | | | | | | | | | | | | | | | | |
| * Be a good sport, celebrate winning but lose with dignity, bad tempers or sulking will spoil everyone’s day | | | | | | | | | | | | | | | | | | | | | | |
| **Parent/Guardian(s) and Player Registration Agreement**  I consent to the above details being maintained in a computerized record held by Cringleford Junior Football Club, Norfolk County FA and the League which my son/daughter is playing within. I understand that mine and my child’s details will be held for registration, administration and statistical purposes. | | | | | | | | | | | | | | | | | | | | | | |
| I understand that the consented information will be made available to Cringleford Junior Football Club committee members, coaching staff or medical authorities only, and used solely in connection with Cringleford Junior Football Club matters. | | | | | | | | | | | | | | | | | | | | | | |
| I also consent to my child receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. | | | | | | | | | | | | | | | | | | | | | | |
| I wish for my son/daughter to be registered with Cringleford Junior Football Club. On signing this form I certify that my child has not signed a registration form for another team within another club that competes in the same league as Cringleford Junior Football Club in the current season. I certify that I have discharged all financial liabilities to my child’s previous club(s). I certify that my child is of the relevant age to compete in the above age group. | | | | | | | | | | | | | | | | | | | | | | |
| Signed (**Player**)…………………………………………………….....Date:……………………... | | | | | | | | | | | | | | | | | | | | | | |
| Print:……………………………………………………………………………………………….. | | | | | | | | | | | | | | | | | | | | | | |
| Signed (**Parent/Guardian)**……………………………………………..Date:…………………….. | | | | | | | | | | | | | | | | | | | | | | |
| Print:……………………………………………………………………………………………….. | | | | | | | | | | | | | | | | | | | | | | |
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| **PLEASE BRING THE COMPLETED FORM AND PAYMENT TO CRINGLEFORD PAVILLION ON THE FOLLOWING WEEKENDS**  **9th AND 10th OR THE 16th AND 17th OF SEPTEMBER**  **OR FINALLY THE 30th SEPTEMBER AND 1st OCTOBER 2017**  **AND HAND TO THE COMMITTEE MEMBERS PRESENT.** | | | | | | | | | | | | | | | | | | | | | | |
| **MPJA – 01-08-2017 – version 2** | | | | | | | | | | | | | | | | | | | | | | |