



Check out our website [www.chaddertonfcjuniors.co.uk](http://www.chaddertonfcjuniors.co.uk) or follow us on twitter @chaddyfcjnrs & Facebook /Chaddyfcjnrs

# MEMBERSHIP APPLICATION FORM 2020/2021 SEASON

I hereby confirm that the details below are correct and that I and my parents / guardians have read, and agree to follow the Club's Codes of Conduct which are available to download from the Club's website or from your team Manager upon request. By signing this form you and your parents / guardians are automatically enrolled as Associate Members of the club.

**PLEASE COMPLETE IN BLOCK CAPITALS.**

Players Name		Team
Address		
		Postcode
Date of Birth	Age	School Year
Parent/Guardian 1 Name		Contact No'
Parent/Guardian 2 Name		Contact No'
Alternate Emergency Contact name and number		
Email		
<input type="text"/>		

## 2020/2021 Membership Fee for U7's £15 per player.

In addition to the above, monthly team Donations are collected and are eligible for Gift Aid under the Community Amateur Sports Club (CASC) regulations. If you are a tax payer we will be able to reclaim tax from HMRC of £0.25 for every £1 donated. This could be worth thousands of pounds to the Club if you are able to assist.

Please indicate here if you are a tax payer and want to help us reclaim tax in this way:-      Tick one box only

Please include my donations in this Gift Aid Scheme. I am a taxpayer.     

I do not want to be included in the Gift Aid Scheme.     

I am not a taxpayer.     

Please also sign below to give your approval for this scheme once we are registered.

### Privacy Policy

As an Associate Member of the club, Chadderton FC Juniors will process your personal data as part of its legitimate activities as an FA registered Charter Standard community club. We will store your personal data only for the period of your membership unless there is a legal or regulatory requirement to keep longer. Other than a legal or regulatory requirement, data will only be shared with the FA via the "Whole Game System" (WGS), the league in which the team plays in and the managers/coaches of your team for communication purposes. We will not share your information with any other 3rd parties without your consent.

You have the right to request access to your personal data and its rectification, erasure, restriction on processing and portability. More information on privacy policies can be found on the Club website, the FA website and the League website in which your team play. By signing below you accept this policy and authorise the club to process your application.

Player Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



Check out our website [www.chaddertonfcjuniors.co.uk](http://www.chaddertonfcjuniors.co.uk) or follow us on twitter @chaddyfcjnrs & Facebook /Chaddyfcjnrs

**Photographic Consent:**

During the course of the season photographs may be taken and used to promote the Club. We will do our best to ensure that parent’s wishes are met. Please indicate below if you **DO NOT** want photos of your child to be used by the Club for promotional purposes including our website, Facebook or twitter pages. **However, please note this may mean that your child is excluded from some photographic opportunities**

I **DO NOT** give permission for photographs of my child to be used by Chadderton FC Juniors

**Medical Information Details 2020/21 Season**

Please complete as accurately as possible because these details may be used in the event of an accident or emergency.

Date of last Tetanus  Vaccinations up to date ? Yes  No

Does your child suffer from any of the following? (please tick if applicable)

Asthma  Epilepsy  Fainting  Migraines  Heart Problems  Concussions  Diabetes  Skin Problems

Other (please give details)

Is your child currently on medication?  
If so, please give details

Does your child have any allergies?  
If so, please give details

Please provide any further relevant information that we need to be aware of, including any current injuries.

**Disclaimer:** I will collect my child on time at the end of the session and can be contacted during the session on the telephone numbers provided.

The Club cannot accept responsibility for the loss or damage of any personal equipment or belongings that are brought to the sessions.

Consent: I understand that by completing and submitting this form I am giving my consent for my child to participate in the relevant activity. Furthermore, I understand that should medical treatment be necessary, every reasonable effort will be made to obtain my consent. However, in an emergency, I authorise the coaches to consent on my behalf to any medical treatment, which a qualified doctor feels is necessary (this could include inoculations, blood transfusions, surgery or local/general anaesthetic).

Parent/Guardian Name (BLOCK CAPITALS) \_\_\_\_\_

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

All Correspondence should be sent to our Club Secretary:-  
C/o Chadderton FC, Ark Fleetch Stadium, 29 Andrew St, Chadderton, Oldham, OL9 0JT.