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**REGISTRATION FORMS**

**Burton Leonard Junior Football Club**

***An FA Charter Standard Club affiliated to the West Riding County Football Association***

**Player Registration / Medical Information Application Form 2020/21**

**also includes Covid-19 Parent Consent Form**

Parents and players must complete and sign this registration document. This covers Covid-19 and medical issues as well as ensuring your child is insured through the County FA Scheme.

Please complete all parts of the application and sign at the end.

The completed form should be emailed to BurtonBullets@outlook.com

**Child’s Full Name:**

**Child’s Date of Birth:**

**School Year (Sept 2020):**

**Childs age on 31 Aug 20:**

**Child’s School:**

**Name(s) of Parent(s)/Carer(s):**

**Home Address and Postcode:**

**Home Telephone:**

**Primary Email contact:**

**Mobile Telephone No:**

THIS MOBILE NUMBER WILL BE ADDED TO THE CLUB’S WHAT’S APP GROUP WHICH IS USED FOR PARENT COMMUNICATIONS AND EVENT NOTIFICATIONS

**HEALTH CONDITIONS**

Please note it is essential that the following information is provided in order that prompt treatment can be given in the event of any injury to your child.

Does your child have any medical conditions or allergies of which we should be aware?

**YES /NO (please delete)**

If YES, please also confirm that you consent to the Club holding this special category data in respect of your child on the Club’s central player register and informing your child’s coach of the condition

**YES /NO (please delete)**

Please provide further information of any allergies/medical conditions, including treatment for allergies:

I accept and give permission that, where necessary, Emergency First Aid may be administered.I also give permission for antiseptic, plasters and dry dressings to be applied as necessary.

**YES /NO (please delete)**

**EMERGENCY CONTACT DETAILS**

**PARENT/GUARDIANS NAME:**

**CONTACT NUMBER:**

**RELATIONSHIP TO CHILD:**

**PARENTAL CONSENT**

I, the parent or guardian, of ….......................................................... hereby:

Agree to be bound by and to observe the Club rules.

Enclose payment for my membership subscription

Recognise, acknowledge and understand the following:

* My child's participation in the Activity (football undertaken at BLJFC) carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries;
* My child's participation in the Activity is voluntary and is at his or her own risk.
* Notwithstanding the above risks, which I recognise and accept, and in consideration of being permitted to participate in any way in the Activity, I, for myself and my child, do hereby waive, release and discharge BLJFC, the club's officers and officials from any and all claims for personal injury, accidents or illnesses (including death), and property damage, arising in any manner out of my child's participation in the Activity, including transportation to and from the Activity.

**PARENT/GUARDIANS NAME:**   
**RELATIONSHIP TO CHILD:**

**COVID-19 PARENT CONSENT FORM** (this additional consent form must also be completed)

I permit my son/daughter named above to participate in training sessions at Burton Leonard Bullets JFC during the easing of lockdown (Covid 19):

I give my permission: **YES /NO (please delete)**

As the parent/guardian of the child named above I will respect all guidelines put in place by the club including social distancing, risk assessment and FA Guidelines.

**As the parent/guardian of the child named above I will not allow my child to attend any training sessions if any of the symptoms below are present:**

* **Sore throat**
* **Fever**
* **Loss of taste or smell**
* **Persistent cough**
* **Generally feeling unwell**

As the parent/guardian of the child named above I confirm that I will sign the register before each training session / match to confirm all persons from our family who attended the session.

As the parent/guardian of the child named above I confirm that I will inform the club if any of the above symptoms become noticeable after any training session, so that the club can inform NHS Test and Trace those who also attended. Please telephone Kevin Greveson 07803 291524.

**PARENT/GUARDIANS NAME:**

**CONTACT NUMBER:**

**RELATIONSHIP TO CHILD:**

**Data Policy:**

The data collected on these forms will be stored on the Club Player Register which is accessible only by the Club Chairman and Secretary. A shortened form will be passed to your child’s coach.

Certain data will also be entered onto the FA’s Whole Game System which is a club requirement as a club affiliated to the FA. Special category health information is required to ensure the health and safety of your child. Full information on the way we process, store and collect information about you can be found on the attached Club’s Privacy Policy.

**MAINTAINING BURTON LEONARD JUNIOR FOOTBALL CLUB THROUGH VOLUNTEERS**

Please help us to continue to provide football for local children. As a community club we can only exist through the dedicated work of volunteers, so please help out if you are able to. Full training and support will be provided where needed.

**I would be willing to help the club as a volunteer in the following way:**

* Team Coach (we will pay for your coaching badge) **YES /NO (please delete)**
* Team helper / assistant coach **YES /NO (please delete)**
* Help in the pavilion kitchen serving bacon butties/drinks **YES /NO (please delete)**

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* Helping set up goals and other equipment for matches / training **YES /NO (please delete)**
* Club admin (secretary, treasurer, safeguarding officer) **YES /NO (please delete)**

**VOLUNTEER PARENT/GUARDIANS NAME:**

**I have read and signed:**

* The Players registration and medical information form **YES /NO (please delete)**
* The Covid-19 Parent Consent form **YES /NO (please delete)**
* The FA Respect and Burton Bullets Code for Spectators **YES /NO (please delete)**
* My child has agreed to the FA Respect Code for Young Players **YES /NO (please delete)**
* I have seen the volunteer form and considered offering to help **YES /NO (please delete)**
* I have paid the joining fee payment of £50 or £40 or £30 for siblings **YES /NO**

Please make payment by BACS / Bank Transfer to the club bank account:   
Burton Leonard Bulletts (with the tt spelling mistake!)  
**Sort Code: 30-93-91 Account: 01973249** using child’s initial and surname as the reference  
We can also accept PayPal please pay: [BurtonBullets@outlook.com](mailto:BurtonBullets@outlook.com)