



# Club Registration Form 2007/2008

Name of Child:

DOB:

Address:

Telephone:

Mobile-Parent  
& Child

Email:

Current Team &  
Manager:

Previous Clubs:

If child has siblings in the  
club, list name(s), team  
& manager:

Please provide details, if  
child suffers from illness  
which may affect him/her  
when playing soccer

Signing this form hereby gives the Club Officials permission to treat or organise appropriate medical treatment for your child if this should become necessary during the course of training or matches and indicates that parents/guardians and players agree to abide by *the Club Code of Conduct*.

Parent's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/over 15s interested in coaching/managing/refereeing Yes  No

If yes please give contact details below:

*Please return this form to Eileen Flood, Club Secretary or your current team manager before Sept 1<sup>st</sup> 2007. The club registration fee for 2007-2008 is €100 for the 1st child and €30 for subsequent children and is due by September 20<sup>th</sup> 2007. Any child who is not registered with the Club will not be allowed to play.*

**For Club use only**

Application No: \_\_\_\_\_

Receipt date: \_\_\_\_\_

Date sub paid: \_\_\_\_\_