



**CHARTER STANDARD
CLUB**

Club Official Use:
Club Membership Status
Early Bird / Regular

No: 2020/21

Team:

WGS: (Y/N)



Name of Child:

Date of Birth:

Home Address:

Parent/Guardian's Name:

Main Contact Number:

Email Address:

Emergency Contact Name:
(if main guardian is unreachable)

Emergency Contact Number:

School Year from September:

Name of School:

If the child is not living with parents, please clarify the legal status of the child and his/her current carers.

DATA on this form will only be used in accordance with the FA & LCLFC Club Data Policy (available on request).

It is important that you fill in the rest of this form as fully as possible. Failure to tell us things could mean that the safety and welfare of your child is compromised. The Club cannot be held responsible if information has not been shared.

Does your child have any known health needs? E.g. Diabetes, asthma, epilepsy, allergies

Yes/No

If yes, please complete the section below

Current Medication:

Dose/Frequency:

Do Club members need any medical training other than First Aid to care for your child?

If yes please specify.

Is there any other information we need to know?

Does your child have any communication needs e.g. non-English speaker/hearing impairment/sign language user/dyslexia. **If yes please tell us what we need to do to enable her to communicate with us.**

At times the Club may wish to take photos or videos of the team or individuals in it. We adhere to The FA Guidelines to ensure these are safe and respectful and used solely for purposes for which they are intended, which is promotion and celebration of the activities of the Club and for training purposes.

Please indicate if this is acceptable to you

Yes/No

Parent's Consent:

I give consent for my child to participate in Leicester City Ladies Football Club's events and agree to the conditions outlined above. I also agree to adhere to the codes of conduct when spectating my child's participation. I accept that it is my responsibility to inform club of any changes to the details recorded on this form. I agree to pay any monies owing and return club kit if we decide to leave.

Signed (Legal carer):

Please Print Name:

Player's Consent:

I agree to participate in Leicester City Ladies Football club's events, adhere to the club rules and will inform the coach or another person if I do not feel well or if I have any worries.

Signed (Player):

Please Print Name:

Date: