



**CHARTER STANDARD
CLUB**

Club Official Use:
Club Membership Status
ADULT 18 +

No: 2020/21

Team:

WGS: (Y/N)



Full Name

Date of Birth:

FAN

Home Address:

Post Code

Main Contact Number:

Email Address:

Emergency Contact Name:
(if main guardian is unreachable)

Emergency Contact Number:

If in full-time education,

Name of College, University

Previous clubs:

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 your safety and welfare needs are not met..

Does you 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 ?

If yes please specify.

Is there any other information we need to know?

Do you 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

Any additional information? eg Would you be interested in a coaching or refereeing pathway too? Does your work pattern restrict availability at all?

Player's Consent:

I agree to participate in Leicester City Ladies Football club's events, adhere to the club rules, policies & all FA codes of conduct., showing RESPECT to all. I agree to pay all monies owing if I decide to leave the club and return any club kit or equipment.

Signed (Player):

Please Print Name:

Date: