

BERKS ELITE FOOTBALL CLUB



Berks Elite FC Registration Form 2018/19

Player registration fee depends on how many training sessions you wish to participate in.

Autumn Term

Start date: 3rd September 2018
Finish date: 10th December 2018
(14 weeks)

Winter Term

Start date: 7th January 2019
Finish date: 1st April 2019
(12 weeks)

If you wish to train with us but the above sessions have already started do not worry as you can still join in mid-term and will only be charge partially.

1 Sessions per week

Tuesday *or* Thursdays (Under 7-10)
5.30pm - 6:30pm
Monday *or* Wednesday (Under 11-16)
6.30pm - 8:30pm

Price: **£99 per Term** (or £35 a month)

2 Sessions per week

Tuesday *and* Thursdays (Under 7-10)
5.30pm - 6:30pm
Monday *or* Wednesday (Under 11-16)
6.30pm - 8:30pm

Price: **£149 per Term** (or £55 a month)

Name of Player: _____

Date of Birth: _____

Sex: Male / Female

Parent's/Guardian's Name: _____

Address: _____

Contact Number: _____ Postcode: _____

N.B. If player is below the age of 18 parent/guardian must sign.

Signature: _____

Contact Information

We contact parents via email regarding any important information or events occurring at Berks Elite F.C. Please write below your email address or an email address which is checked regularly. *N.B. if this email address changes please inform us.*

Email Address: _____

BERKS ELITE FOOTBALL CLUB

Payment

Payment can be made via BACS, Cash or Direct Debit.

Berks Elite FC Bank Details:

Account Number: 45532760

Sort Code: 30-90-09

- If you intend to pay via BACS then please state Reference made and Data of Payment in section below.
- If you wish to pay by cash, please put money in an envelope labelled with your child's name and age group and hand to a Club Official.

BACS Reference: _____

BACS Date: _____

Declaration

I ensure that the above-named player understands that it is important for their safety and for the safety of the others that all rules and instructions given by the Manager\Responsible in charge during training, matches and events organised by Berks Elite FC are obeyed.

Signature: _____

Date: _____

I understand and agree that the football kit provided by Berks Elite F.C. will be made available for any match day or tournament but will ultimately remain the property of the club. You will be liable to pay for any damage to the football kit made throughout the season unless a Berks Elite FC Official deems the damage not to have been your/your child's fault. Damage to the kit will result in a payment for a replacement. *N.B. This is not referring to the training kit.*

Signature: _____

Date: _____

I confirm I will ensure all the annual registration fees associated with signing on with Berks Elite FC are paid before the start of the 2018/19 season. If for some reason I decide to leave the club throughout the year, I may still be liable to pay the full fees associated with signing on. The final decision will be down to the discretion of the Senior Club Officials.

Signature: _____

Date: _____

Berks Elite FC will occasionally take photographs or videos of children involved in training and matches purely for the purposes of inclusion in promotional material about the club such as photographs for the local press, content for our website or YouTube channel or on our monthly newsletter.

In the event were a parent/guardian wishes to revoke permission after the registration process, we ask for a formal letter/email to be sent to any Berks Elite FC official. *N.B. All contact details of club officials can be found on our website www.berkselitefc.com.*

Disclaimer: Berks Elite FC will take no responsibility for the use of photographs and/or video footage taken by any third parties, including parents of other children, regardless of they are part of the club or not.

Signature: _____

Date: _____

Printed Name: _____

N.B. If player is below the age of 18 parent/guardian must sign.

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Emergency Contact and Medical Information

Child's Name:	Date of Birth:	Sex: Male / Female
Parent's/Guardian's Name:	Emergency Contact Name:	
Parent Contact Number:	Emergency Contact Number:	
Address:	Address:	
City, Postcode:	City, Postcode:	

Medical Information

GP Name:	
GP Address:	GP Phone Number:
Special Health Considerations:	

Questions Relating Past/Present Conditions & illnesses

Please answer each question by putting a cross (x) in the designated box.

Has the participant ever had any respiratory problems?	<input type="checkbox"/>	Is the participant allergic to any medicines?	<input type="checkbox"/>
Has the participant ever suffered from a heart condition?	<input type="checkbox"/>	Does the participant have any know allergies?	<input type="checkbox"/>
Has the participant ever had fits or blacked out?	<input type="checkbox"/>	Does the participant take regular medication?	<input type="checkbox"/>
Does the participant suffer from migraines?	<input type="checkbox"/>	Does the participant have hearing impairment?	<input type="checkbox"/>
Is the participant visually impaired?	<input type="checkbox"/>	Does the participant have any declared mental/physical difficulties?	<input type="checkbox"/>
Will the participant bring any medicines with them?	<input type="checkbox"/>	Can the manager apply sun cream if necessary?	<input type="checkbox"/>
Has the participant had a serious illness or injury in the last 12 months?	<input type="checkbox"/>	Has the participant been given specific medical advice to follow in emergencies?	<input type="checkbox"/>

If you have confirmed any of the above conditions could you please give further details below (For medication please include name and dosage):

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Declaration

I authorise all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician, qualified first aider and/or paramedics for my child in case of an emergency during a training session, football match or any event which we take part in. I waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature: _____ Date: _____

In the event of any illness, change of health or medical treatment occurring after the return of this form and prior to the activity, I undertake to inform the team Manager/Leader.

Parent's/Guardian's Signature: _____ Date: _____

As a parent/guardian, I confirm that all the information I have supplied on this form is correct.

Parent's/Guardian's Signature: _____ Date: _____

Parent's/Guardian's Printed Name: _____

BERKS ELITE FC SUPPORTS THE FA GUIDELINES ON ASTHMA

NO PUFFER, NO PLAY

WE ASK PARTICIPANTS TO ENSURE TEAM MANAGER HAS ONE OF THEIR INHALERS IN FIRST AID BAG.

Parent Agreement Form

I understand and agree that as a member of the Club I must obey the following statements.

- i. Berks Elite FC or any of its Officials will not be held liable for any personal items lost or damaged in any way whatsoever.
- ii. I understand that it is my responsibility to ensure that my child attends training sessions and matches on time and adequately dressed to take part in sporting activities. This involves ensuring the player has correct footwear and shin pads at all trainings and matches as required by the Laws of Association Football.
- iii. Players must wear correct kit to training and matches. The following should be worn at;

Training: Black Adidas Top, Black Adidas Shorts and Black Adidas Socks.
Matches: Full Blue Adidas kit.
- iv. All playing kit and equipment remains the property of Berks Elite FC. Any loss or damage to kit, training equipment or property will be reimbursed by me to the Club in full. *(Training kit is bought by parents so it is not our property)*
- v. I agree to pay such subscriptions and fees as set by the Club Committee to defray the expenses incurred by the Club.
- vi. I accept that completion of this form does not guarantee that my child will be picked to play in all matches played in their age group team. However, the child will always be guaranteed the minimum playing time set by the FA Regulations.
- vii. I understand to advise the Club via the team manager of any change of a temporary or permanent nature in respect of any medical condition notified or not above.
- viii. I understand that suitable photographs taken at training or matches may be used in Club newsletters or on the Club website. When used on the website, names will not appear in association with the photograph.

Parent's/Guardian's Signature: _____

Date: _____

Printed Name: _____

Email Address: _____

Players Signature: _____

Player Insurance

Please note that whilst you are at Berks Elite F.C. training facility, it is your own responsibility to take out any insurance for injury which might be caused.

Players are covered by the Berks Elite F.C. Public Liability Policy in the event of major injury.

Should you be injured whilst taking part in a trial we will provide immediate first aid care, but you must note that you are not covered for Private Medical Insurance or for any loss suffered.

Please sign below to confirm your agreement to the contents of this form.

Please then return this form to Berks Elite representative **no later than 24 hours prior to your trial commencing.**

Date _____

Player Name _____

Player Date of Birth _____

Parents/Guardian Signature _____