



Season 2021/2022

Players Membership, Health and Gift Aid Form

This form is to be completed by the legal carer who are responsible for the registered child.
The carer is responsible for informing the club of any changes that may occur



CHILDS SURNAME _____ FIRST NAME/S _____

SEX - Male/Female _____ Date of Birth ____/____/____

Current School _____ Current School Year _____

QR Registered Season 2020/21 _____ YES / NO QR Code number Season 2020/21 _____

Oadby Owls Team Season 2020/2021 _____

Home Address _____ Post code _____

Email _____ @ _____

Home Phone No_(_____) _____ Mobile _____

Emergency Contact Numbers

1) _____ Relationship to member _____

2) _____ Relationship to member _____

Previous Club _____ Car Registration No... _____

Details of any Disabilities/ medical conditions/ allergies or distinguishing marks which we need to be aware:

Gift Aid declaration – (please delete if not applicable)

Please treat all gifts of money that I make today and in the future as Gift Aid donations

Parents Full Name _____

Address (if different to child) _____

Signed (Parent / Guardian).....Date.....
Children under the age of 12 must have parental supervision at all times whilst at academy or Matches

Parental Consent

I/We agree to the rules about parking and dropping off of children who attend the Academy/Matches and will only park at the clubs official designated parking areas at Beauchamp College and/or Gartree High school. This means NO parking on Coombe Park/Coombe rise or the residential side streets along its length. Failure to adhere to this rule means you run the risk of termination from the club with immediate effect.

I/We will abide by the club rules and code of conduct policy, failure to adhere to the policy can result in cancellation of membership to Oadby Owls FC

In the event that my child is injured whilst playing football / travelling to and from football events and I cannot be contacted on the above numbers, I hereby give my consent for my child to receive medical attention.

If my child is asthmatic I acknowledge that it is my responsibility that my child brings along his/her medication at all times.

The Oadby Owls Membership Handbook, Child Protection Policies and Procedures, Codes of Conduct, Equal Opportunities & Anti-Discrimination Policy can be viewed on line at www.Oadbyowls.com and I agree that we will be bound by and observe the Club Rules, The Rules and Regulations of The Football Association Limited and County Football Association, and all Competitions in which the Club participates.

I consent to disclosure by County Football Association.

At times the Club may wish to take photographs 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 the purposes for which they are intended, which is promotion and celebration of the activities of the Club an for training purposes.

Please indicate this is acceptable to you YES /NO

I hereby declare that any photographs or video film taken by myself will be solely for the individual family's use and will not be distributed more widely.

I give consent for my son/ daughter to participate in Oadby Owls Football Club's events and agree to the conditions outlined above. I accept it is my responsibility to inform the Club directly of any changes to the details recorded on this form.

Club use only:

If you wish to be kept up to date with regards to matters by Oadby Owls FC,

By signing you agree to Oadby Owls FC retaining the above details under the GDPR Regulation. This information will only be used for the purpose of updating you about the Oadby Owls FC matters. If after returning this information you decide you do not wish your details to be retained, then you can let me know by contacting me by email

Signed

Print name

Date

M Haf Katib
Chairman Oadby Owls
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