REGISTRATION/CONSENT FORM 2025/26 FESEY YOU,	
Player details	ION/CONSENT FORM 2025/26
Name	
DOB	Est. 1991
Medical information	
Contact details	
Number/s	
Email address	
Address (including post code)	
Parental/Carer Cor	nsent (please tick and delete as appropriate)
Media Consent. I GIVE / I DO NOT GIVE consent for photos to be taken and my child's name to be used for club or press purposes and inclusion on the club's website.	
	have read the FA's Code of Conduct and Respect Policy and agree to always abide by bsite for full details.)
	<b>ement.</b> I agree <b>not</b> to use social media to be derogatory, insulting, or abusive towards, against, any person(s) within the club, any player, official, or supporter from the ch officials.
First Aid Consent. club first aider if re	I GIVE / I DO NOT GIVE consent for my child to receive first aid and treatment from a equired.
	on and Care Plans. Any medical information provided, including care plans, will be am's coaching staff to ensure appropriate support and care can be provided during nes.
' "	n. By completing and signing this form, you are giving consent for your child to be d and signed to the club for the current football season.
Parent/Carer name	
Signature	
Player signature	
Date	TER SAC ASSIVITED
Team & age group	
Subs for the 2025–20 make payment.	26 season are £70. Please scan the QR code to
NOTE: players will only be registered when the subs are paid,	

and a signed copy of this form is returned to the club secretary