

Club Registration Form



Season: _____ Team name: _____ Age group: _____

Player's details

Forename: _____ Surname: _____

Address: _____

Postcode: _____

Contact number(s): _____ Date of birth: _____

Medical conditions/allergies (eg. inhaler/insulin): _____

Parent/guardian details

Forename: _____ Surname: _____

Address: IF DIFFERENT FROM ABOVE _____

Postcode: _____

Home number: _____ Mobile number: _____

Email address: _____

Do you have any objections to photos/video/media?: PLEASE CIRCLE Yes No

Alternative emergency contact(s)

Contact name¹: _____ Surname: _____

Contact number(s): _____

Contact name²: _____ Surname: _____

Contact number(s): _____

I have read and agree to abide by the clubs' constitution, code of conduct and policies as set out on the club website www.nptfc.co.uk (if you require hard copies please request them from your team manager).

Declaration signature: _____

Print name: _____ Date: _____

I confirm that payment has been received for registration.

Amount: £ _____ Method: _____

Secretary/treasurer signature: _____ Date: _____

To be completed by manager

Players' name: _____ Team name: _____ Age group: _____

Managers' signature: _____ Print name: _____

Registration fee due: _____ Sibling discount applicable: PLEASE CIRCLE Yes No

Payment method: PLEASE CIRCLE Cash Cheque 1, 2, 3 Cheque