

MEMBERSHIP FORM SEASON 2025/26

[ONCE COMPLETED RETURN TO COACH]

Player Details					
Team/Age Group					
Player's Name					
Date of Birth					
Place of Birth					
Ethnicity					
Home Address					
Current School					
Medical Conditions /Medications					
Parent / Guardian					
Name(s)					
Email Addresses					
Contact Telephone					
Numbers					
Photo Consent		I/ We consent to photographs being taken of my/our child and for them to be used on the GCJFC club website or GCJFC social media with no names attached. ☐ Yes ☐ No (Please tick appropriate box)			
Membership Fee					
		0 Discounted lembership*	*Players with an older sibling that pay standard membership or have joined after 31st Dec 2025 are eligible for the discounted membership rate.		
Payment is accepted online via our membership pages https://gardencityjfc.com/membership Membershipshould be paid by October 1st.					
Declaration					
I/We consent to any emergency treatment necessary during football. I / We authorise the managers to sign any written form of consent required by the hospital authorities, if the delay in getting my/our signature is considered by the Doctor to endanger my child's health and safety. 1. I confirm that my child is not currently under suspension. 2. Both my child and I agree to abide by the FAW Code of Conduct. 3. I understand that personal insurance for my child is my responsibility. 4. I indemnify my child's club and its members, the league and its members against any claims for accident or injury my child may					
occur whilst taking part in matches or training sessions. 5. Medical conditions my child suffers from and noted above do not prevent my child from playing association football. 6. lagree toreturnplaying kit if he/she leaves the club					
Parent/Guardian Signature		, 2 22 22 30 9		Date	