

# Tattenhoe Youth FC

6 Tiverton Crescent, Kingsmead, Milton Keynes. MK4 4BY  
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## Membership Registration Form

Child's Name: .....

Date of Birth:.....

Home addresses (Inc post code):

.....  
.....  
.....  
.....

Email address.....

Home Telephone Number: .....

Mobile Telephone Number: .....

### Education Details (if applicable)

School: .....

### Medical Details

Please indicate if you have any medical conditions we should be aware of e.g. asthma etc.....:

1. ....
2. ....
3. ....

### Emergency Parent/Carer Details

First name: .....

Surname .....

Emergency telephone number.....

Mobile number .....

In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers:

1. Name .....
- Contact number.....
2. Name .....
- Contact number.....

### Parental Consent

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

Signed .....

Date .....

- Parents name .....
- Parents name .....

- I agree to be bound by and to observe the Club Rules and The Rules and Regulations of The Football Association Limited and County Football Association, and all Competitions in which the Club participates