

# STRAND CELTIC FOOTBALL CLUB

## Membership Form

### MEMBERSHIP TYPE

Family  Youth [U12-U18]  Colts [Ages 5 - 10]

### MEMBER DETAILS

Name	Date of Birth	Senior/Youth/ Colts	School	Size

Parents Names:

Contact Address:

Home Phone Number:

\*Mobile No:

\*Email Address:

\*Your email address and mobile phone number are required so that we can email and/or text training time changes etc to all members.

### SECTION FOR ALL PLAYERS AGED UNDER 18

Please advise of any medical condition affecting your children:

I the undersigned parent/guardian give my consent to my children playing soccer and all associated activities. I also confirm that photographs taken of the club involving me or my children may be used for promoting our club.

Parent/Guardian Signature

Date

As a parent I would be willing to support the club through:

Helping with coaching  Helping with the club development and fund raising

### Payment Method

Amount  Cheque  Cash  Received By