



**Coxheath and Farleigh Junior Football  
Club – CFJFC ★ RISING STARS ★  
Contact Details &  
Parental Consent Form**



**Member's Details**

**Full Name :** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Parents/Guardians Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Home Telephone Number:** \_\_\_\_\_

**Mobile :** \_\_\_\_\_ *(1st Contact)* \_\_\_\_\_ *(2nd Contact)*

**Email:** \_\_\_\_\_

**School (If Applicable):** \_\_\_\_\_

**School year as at September 2017 (If Applicable)** \_\_\_\_\_

**Emergency Contact Details (If different from above parent/guardian details)**

**Name** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Annual/Weekly Membership Fee**

**I/We agree to pay the Annual Membership Fee of £5 and the weekly subscription of £2.50 to CFJFC ★ Rising Stars ★ and accept that this should be paid to the coach on the day.**

**Medical Details** (Please indicate any medical conditions of the member that we should be aware of – where appropriate please tick the appropriate box:

Asthma       ADHD       Diabetis       Epilepsy

Partial Hearing       Partially Sighted     

Others (Please detail below) \_\_\_\_\_

(Please note this information is required by “the Club in ensuring it’s responsibilities in regards to child protection are fully met”).

### **Parental Agreement**

I/We hereby confirm our agreement that a responsible adult will remain with my/our Son/Daughter for the entire period of the CFJFC Rising Stars Training Session.

### **Parental Consent**

***In the event that my son or daughter is injured while undertaking activity relating to membership of the club and I cannot be contacted as stated on this form, I hereby give my consent for my child to receive appropriate medical attention and where appropriate the relevant emergency services contacted.***

**Signed:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date :** \_\_\_\_\_

***Although the appropriate level of care will be taken of my son or daughter while under the supervision of the Club, I understand that the Club cannot be held responsible for any accidents which may occur, except those covered by the Club’s public liability insurance purchased via the Kent County Football Association. I/We agree to be bound by and observe the Club’s and the Football Association’s Rules and Regulations in regard to conduct and behaviour at all times. I have read and agreed to abide by the Club’s Code of Conduct (available from the website).***

***I/We also confirm our agreement to photographs being taken when attending the Academy and other sporting events associated with the club and for these photographs being published on the CFJFC Website and or other Media. I/we accept that The Club are bound to comply with the Photography Policy of The FA and that Names will not be published with these photos.***

**Signature of Parent:** \_\_\_\_\_ **Date** \_\_\_\_\_