



Holt United Youth FC



Player Registration 2017-18

Player Details

Name	Date of Birth
Medical condition (if any)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Team Name & Age Group	
Team Manager	

Parent Details

Name of Parent/Guardian	Mobile Number
Address(es)	E Mail Address
	Home Number

Alternative Contact

Name	Phone Number
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Please provide phone numbers and email/s that are in regular use, as these will be used as primary contacts by the committee and team managers.

Photographs

From time to time we do take photos/videos of the players, we may wish to use these photos/videos to advertise the club and thank the sponsors. We would like your permission for any photos/videos we take to be used for the benefit of the club. Photos/videos are used in line with guidance issued by Norfolk County Football Association.

I agree / disagree for any photographs or videos taken to be used for the purpose of Holt United Youth FC.

Name	Sign	Date
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