



**Blessington AFC**

**Membership Form September 2018 – January 2019**

**Please complete a separate application form for each player. Please use BLOCK CAPITALS**

<b>Players Name:</b>	<b>Father's/Guardian Mobile No:</b>
	<b>Mother's/Guardian Mobile No:</b>

<b>Address:</b>	<b><u>Contact Email:</u></b>
-----------------	------------------------------

*Please note that in providing us with your contact information, a coach/official of the club may contact you by text or e-mail.*

**Player's Date of Birth (DD MM YY):**

**Any medical condition (i.e. asthma, diabetics):**

**Any allergies or special needs or need to take prescribed medication:**

<b>Name of Players manager:</b>	<b>Age Group:</b>
---------------------------------	-------------------

In signing this form, you are willing to adhere to the clubs Ethos and Code of conduct.

**Parent/Guardian signature:**

**Players signature:**

**The information you provide on this form will be used solely for dealing with you as a member of Blessington AFC. The Club may arrange for photographs or videos to be taken of Club activities to be published on our website, social media channels and printed media. PARENTAL/GUARDIAN CONSENT - If you consent to the use of your child's image being used for the purposes above please tick here. If you later wish to withdraw consent, please contact [enquiries@blessingtonfc.com](mailto:enquiries@blessingtonfc.com)**

**TICK**

**For Club use Only**

<b>Registration Fee:</b>	<b>First Player</b>	<b>Second Child /Player from the same family</b>	<b>Subsequent Child/Player</b>
	<b>€60</b>	<b>€35</b>	<b>€10</b>
<b>Received by:</b>	€	€	€

