



PLAYER REGISTRATION FORM

PLAYERS DETAILS

Players Name:	
Date of Birth:	
Age Group:	
School:	
School Year:	
Parent/Guardian Email Address:	
Medical Information:	
Allergies/ Medication:	

CONTACT DETAILS

Address:	
Postcode:	
Parent/Guardian Names:	
Home Telephone:	
Mobile Telephone:	
Emergency Contact:	
Relationship to Child:	

Photographs

Occasionally, we may take photographs of the children for promotional items however we will always seek your consent if we wish to publish these. Please tick the following box if you are happy for the club, or a nominated representative to take your child's photograph.

Acknowledgement

By signing below, you confirm that you have viewed the club website setting out the rules and standards of conduct required which you acknowledge you have fully read and understood. Further, you acknowledge that any breach of these rules such as aggressive behaviour, bullying or conduct that falls below the standards required by this club, could result in your expulsion from the club.

Player Signature Date/...../.....

Parent Signature: Date/...../.....



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