



# Registration Form 2009/10



## Section A—Under 18 Player Details

Players Surname		Date of Birth	
First Name		Telephone No.	
Address			
Town		Postcode	
School		e-mail address	

Under FA Laws, School events take precedence. If you have been registered with any other football club during the last year, please enter the name of the club below.

**Please supply an e-mail address so that all club events/publications can be sent to you**

## Section B—To be completed by Parent or Guardian

Parents Name		Telephone No	
Address			
		Postcode	
Medical Conditions	My son/daughter has the following medical condition/disability of which you should be aware (including asthma, epilepsy). If not applicable, please state NONE.	Doctor Name and Address	
Treatment		Other Emergency Tel. No	

I wish for my son/daughter to be allowed to take part in all Lancing Rangers Football Club activities and, having read the club Byelaws, Constitution and Code of Conduct, agree to abide by them; these can be found on [www.lancingrangers.co.uk](http://www.lancingrangers.co.uk). I further consent to any emergency First Aid treatment necessary during the course of any game or during training. I understand that it is the responsibility of the parent/guardian to ensure that any necessary medication relating to the above stated medical conditions is made available and that Managers/Assistants are not permitted to administer drugs or medication. I understand that whilst Managers in charge of teams will take all reasonable care, they and Lancing Rangers Football Club, cannot be held responsible for any loss, damage or injury suffered by my son/daughter whilst travelling to and from, or taking part in any club activities.

Signed _____ Parent/ Guardian	Date _____
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## Section C—To be completed by the Squad Manager

Squad	League Register	Yes/No
Reg. Card No.	Registration Fees Paid	
Signed	Date Fees passed to Treasurer	