



Club Membership Player Registration Form

SECTION A: The Player's personal details

Full name:	Mobile Tel. No.:
Home Address:	E-mail address:
Post code:	Date of Birth (dd/mm/yyyy):
Home Tel. No.:	School attending:

SECTION B: Parent/Emergency Contact Details

Contact 1	Contact 2
Full Name:	Full Name:
Business Tel. No.:	Business Tel. No.:
Mobile Tel. No.:	Mobile Tel. No.:

SECTION C: Parental Consent

By returning this completed form I agree to the child named above taking part in the normal activities of Spartans FC (Youth). I have read the Code of Conduct for players, coaches and parents/guardians and agree to abide by those whilst in the care of Spartans FC (Youth) and I understand that any serious or continued breach of these codes may result in my child being expelled from Spartans FC (Youth). I have also signed and returned a separate National Association Parental Consent form.

Parent/Guardian Name:	
Parent/Guardian Signature.:	Date:

Thank you for completing this application form. Please return it to:

Martin Shepherdson
Membership Secretary
Spartans FC (Youth)
2 Forthview Road
Edinburgh EH4 2DE
Email: jillandshep@blueyonder.co.uk

The information you give us in this form will be treated in the strictest confidence.

For Spartans FC Youth Section Use Only	
Waiting List: Date of Entry	
Date of Admission to Age Group	