



Norfolk County Football Association
 Affiliation Number 1163974.
 Registered Charity No 1114621.

Chairman

John Bagley
 8 Culverin Close
 Thorpe St Andrew
 Norwich
 NR7 0TT
 01603 702212
 john.bagley@hillsiderovers.co.uk

Secretary

Chris Durdin
 36 Thunder Lane
 Thorpe St Andrew
 Norwich
 NR7 0PX
 01603 300552
 chris.durdin@hillsiderovers.co.uk

Treasurer

Eliot Barker
 41 Woodland Drive
 Thorpe End
 Norwich
 NR13 5BH
 01603 435605
 eliot.barker@hillsiderovers.co.uk

REGISTRATION AND LEGAL CARER CONSENT FORM

This form is to be completed by the legal carer and child at the start of each season. It is recommended that this form is completed and signed by the legal carer and the player at the same time. Legal carers are responsible for informing the club of any changes as they occur. If the child is not living with parents please clarify the legal status of the child and his/her current carers. It is important that you fill in this form as fully as possible. Failure to tell us things could mean that the safety and welfare of your child is compromised. The Club cannot be held responsible if information has not been shared.

Childs Details			
Family name		First name(s)	
Home address			
Postcode		Home telephone No.	
Date of birth		Age at 31 st August 2010	
Class at Hillside		e-mail	

Parent / Carers Details			
Family name		First name(s)	
Relation to child		Emergency telephone No.	Home Mobile
In the event that the above named person cannot be reached, please give two extra contact names and numbers.			
Full name		Emergency no.	
Full name		Emergency no.	

Office Use Only			
Coach		Cheque no.	
Cash		Secretary	

Health Needs				
Does your child have any known health problems e.g. diabetes, asthma, epilepsy, allergies etc. (Please tick)			Yes	No
If yes please complete below				
Medication				
Dose		Frequency		
What does the club need to do to help keep your child well e.g. administer planned medication/call ambulance/give snacks? Please be very specific.				
Do club members need any medical training other than First Aid to care for your child? If yes, please specify.				
Does your child have any access needs? If yes, please tell us what we need to do to help him/her.				

Communication
Does your child have any communication needs. E.g. non-English speaker/hearing impairment/sign language user/dyslexia. If yes please tell us what we need to do to enable him/her to communicate with us.

Religion and Culture
Does your child participate in religion or spiritual practice? Please tell us what it is.



Images

At times the club may wish to take photographs or videos of the teams or individuals in it. We adhere to FA guidelines (see [www.thefa.com/goal/ Uses of Images of Children/Young people Under the Age of 18](http://www.thefa.com/goal/Uses of Images of Children/Young people Under the Age of 18)) to ensure these are safe and respectful and used solely for the purposes they are intended for, which is promotion and celebration of the activities of the club and training purposes. **Please indicate if this is acceptable to you.**

Yes No

I will not take any photographs or record images at training, matches or other event organised by Hillside Rovers unless a Hillside Rovers Images Registration Form has been completed and authorised by a Club Official.

When children are playing at venues other than Hillside School, Club officials will advise opposing teams of the Club policy on images and ask that a Hillside Rovers Registration Form is completed by any person who wishes to take photographs or record video and that any such photographs should be taken in accordance with FA guidelines.

A permissions form is available on request from Hillside Rovers F.C. if you wish to photograph / video.

If you have any additional information which you wish to share with the club, please contact the Club Welfare Officer or Secretary.

Travel

It is your responsibility to arrange safe travel to and from training and matches and other events organised by Hillside Rovers. Coaches or other Club Officials will not transport any child unless the safety of that child would not otherwise be assured. If you are ever delayed in collecting your child please make every effort to contact the club contact so we can discuss arrangements for your child.

Consent of Legal Carer

I give consent for my son/daughter to participate in the football club’s events and agree to the conditions outlined above.

I agree to be bound by and to observe the Club Rules and the Rules and Regulations of the Football Association Limited, and all competitions in which the Club participates. I have received a copy of the Club rules.

In the event that my son/daughter is injured while playing football/ travelling to and from events and contact cannot be made on the above numbers, I hereby give my consent for my child to receive emergency medical attention / transfer to hospital.

I consent to Disclosure by County Football Association.

Signed (Legal carer) :

Please print name:Date.....

Players Consent

I will take part in training, matches and other events organised by Hillside Rovers and will stick to Club Rules. I will tell the coach or another person if I do not feel well or if I have any worries.

Signed (Player):.....

Please print name:.....Date.....



Membership subscriptions

Membership subscriptions payable for the 2010/2011 season are:
Under 6 and 7: £30.00 Under 8, 9 and 10: £35.00
There will also be a £2.00 match fee per player per venue.

Please make cheques payable to **Hillside Rovers Football Club**

I enclose £..... as a membership fee

Signature (Legal carer)

Gift Aid

Please complete this section – it will increase the value of your subscription by a further 28% - this is a huge amount if every parent completes this section. And it does NOT cost you a penny more – we claim the money back from HM Revenue & Customs

Name of donor Date

I want the charity to treat

** all donations that I make from the date of this declaration until I notify you otherwise as Gift Aid donations*

** all donations I have made for the six years prior to this year, (but no earlier then 6/4/2000) and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations*

** delete as appropriate*

(You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the appropriate tax year (currently 28p for each £1 you give)

NOTES

1. You can cancel this declaration at any time by notifying the charity
2. If in the future your circumstances change and you no longer pay tax on your income to the tax that the charity reclaims, you can cancel your declaration
3. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return
4. If you are unsure whether your donations qualify for Gift Aid tax relief, ask the charity
5. Please notify the charity if you change your name or address

