



Club Chairman: Eddie Leroux
Club Secretary: Anita Russell
Club Welfare Officers: Anita Russell / Eddie Leroux
Parent Liaison Officer: Colette Jones
Club Mentor: Kirsty Leroux

DOVERHOUSE LIONS YOUTH & DISABILITY FOOTBALL CLUB & ACADEMY

MEMBERSHIP APPLICATION FORM

Club Chairman: Eddie Leroux 69 Huntingfield Road SW15 5EA 07912 090 844
Club Secretary: Anita Russell 123 Huntingfield Road SW15 5EJ 07912 090 843
Email: doverhouselions@hotmail.co.uk
Affiliated to: London County Football Association
Members of: Tandridge Youth Football League - Surrey Youth League - Epsom & Ewell League
Grounds: Roehampton Playing Fields, Doverhouse Road, SW15 5BP

I hereby apply for membership of **DOVERHOUSE LIONS YOUTH & DISABILITY FOOTBALL CLUB & ACADEMY:**

PLAYER'S DETAILS

First Name:

Surname:.....

Date of Birth:

Address:

.....

Players Mobile Number (if applicable):

Email address (if applicable):

School / College attended:

PARENT/GUARDIAN DETAILS

Parents Name(s):

Home Telephone Number:

Parents mobile number:

Emergency contact number (if different from above):

Member's Medical details: Please refer to medical consent form enclosed.**PLEASE NOTE:** no player will be issued a registration card for the current season without BOTH these forms returned.

I agree to be bound by the Doverhouse Lions Youth & Disability Football Club Rules, Code of Conduct, Child Protection Policy and the Rules and Regulations of the London Football Association and the Tandridge Youth League, and all the competitions in which the club participates. I also confirm the contents of the Image Consent form: Please be aware that non-compliance with policies and procedures set down by Doverhouse Lions Youth & Disability FC may result in the termination of a player's membership in the case of a child, and a suspension/total ban for any parent not adhering to the codes of conduct.

PLEASE NOTE- Any kit issued to players, including tracksuits, remain the property of Doverhouse Lions Youth & Disability Football Club and must be returned up[on leaving the club or when required to do so. A charge will be issued for any missing items.

Any individual not adhering to these rules will be reported to the F.A. for failing to deal with club business.

I agree to the statements above and confirm that all information provided on this form is correct at the time of completion. I will continue to inform the club of any changes to the information given.

Players signature:

Parent's signature:

Date:



**DOVERHOUSE LIONS YOUTH & DISABILITY FOOTBALL CLUB & ACADEMY
MEDICAL ASSESSMENT FORM & ESSENTIAL INFORMATION**

DOVERHOUSE REPRESENTATIVES

These are the adults from your club who will be responsible for the young person during the Season 2012/13.

Team Manager:

Child Welfare Officers: Eddie Leroux & Anita Russell

Club Mentor: Kirsty Leroux

Please note: All information is for our records only and will be treated as STRICTLY CONFIDENTIAL. Information will only be disclosed to those who require it (e.g. leaders, medical professionals etc.), and all information will be kept secure.

CLUB: Doverhouse Lions Youth & Disability FC **School attended:**

TEAM:

YOUNG PERSONS DETAILS

Full Name:

Gender: Male / Female

Date of Birth:

Address:

CARER'S DETAILS

Where possible, please give details of both parents/carers. The Children's Act states that consent has to be from both parents. 'All reasonable' steps should be taken to ensure this. It is important that the contact(s) given can speak English.

Carer 1

Full Name:

Home No.

Mobile No.

Relationship to young person:

Carer 2

Full Name:

Home No.

Mobile No.

Relationship to young person:

I, the parent/guardian, give permission for the named young person to take part in the activity mentioned above.

- I have read and understood the Code of Conduct and information sheet regarding club rules.
- I understand that during any training/match days Doverhouse representatives will be in charge of the young person.
- The representatives will take all reasonable care but
- I understand that the young people involved may not be constantly supervised.
- The young person understands that any serious misconduct on their part may affect their participation, according to the Code of Conduct, and that they may not be allowed to continue taking part in the team, or be allowed to future events.
- The team managers and anyone working with them cannot, in the absence of gross negligence on their part, be held responsible for any loss of or damage to personal effects.
- I give permission for photographs of the young person to be displayed in a manner in which s/he will not be identifiable for promotional purposes (please delete if you do not give permission).

Signed (Parent/Guardian):**Full Name:**.....

MEDICAL AND ESSENTIAL INFORMATION

The medical consent form signed for below will only be exercised in emergency circumstances when the carer(s) and any additional contacts are unreachable.

We do not exclude young people because of their medical needs. However, it is essential that we have full details in order to provide the best standards of care. If you need more space, please continue on a new sheet of paper. If you wish to discuss this form further or if you have any concerns about any elements of the club, please contact one of the representatives.

Does the young person have any medical conditions?

Does the young person have any regular medication or medical treatment?
(name, dosage, purpose, self-administered?)

Does the young person have any allergies?
(medication / food / environmental etc.?)

Any specific dietary requirements?

Any travel sickness? (If so, will you be giving them tablets?)

Contact details of the young person's GP:

Name:

Address:

Telephone:

Any phobias, toileting or night time difficulties that we should be aware of?

Are there any activities that the young person cannot participate in?

I confirm that the young person named is in good health, does / does not suffer from diabetes and does / does not suffer from epilepsy. (please delete where appropriate).

If known:
 Has the young person received a tetanus injection in the last 5 years?
 Young person's blood group:

- I understand that I will be contacted in the event of the young person being taken ill or injured during any training / matches and that my consent will be requested for any treatment deemed necessary by the appropriate medical authorities.
- In the event that I am not able to be contacted and to the extent that a surgical operation or injection becomes necessary, I authorise the above mentioned representatives to sign on my behalf any forms of consent requested by the medical authorities, provided the delay required to obtain my own signature might be considered likely to endanger his/her safety.

Signed: **Date:**

Name (Parent / Guardian- delete as appropriate):