

LENHAM WANDERERS FOOTBALL CLUB Founded 1909

***Affiliated*** ***to*** ***the*** ***KentFA***

**CLUB MEMBERSHIP FORM – YOUTH PLAYER**

* *Parent/Guardian please print on behalf of player*

|  |  |  |
| --- | --- | --- |
| **Team** | **Under…….** | |
| **Player Full Name** |  | **DoB** |
| **Parent/Guardian Full Name** |  | **DoB** |
| **Home Address and post code** |  | |
| **Contact Mobile No.** |  | |
| **Contact Telephone No.** |  | |
| **Contact Email Address** |  | |

I wish for my child to play for Lenham Wanderers F.C. for the season **2022/23** and agree to pay an annual **Membership** **Fee** **of** **£25**, plus a **Club** **Fee** **of** **£5** per week, this includes training and matches.

If I only train, the **Club fee will be £2** per week and no membership fee.

|  |  |
| --- | --- |
| I understand the club has Personal Injury (PI) insurance in place for all members, but I may need to | |
| consider purchasing my own PI insurance policy to a financial level that suits my life style. |  |

In the event of an emergency and medical attention being needed for my child, I fully agree the team manager may need to act on my behalf.

I also wish to make it known that my child suffers from the following medical condition and this should be taken into consideration before any treatment is given:

………………………………………………………………………………………………………………………..

Lenham Wanderers F.C. fully supports the F.A. ‘Safeguarding Children Policy’, the F.A. ‘Respect Programme Codes of Conduct’ & the F.A. ‘Celebrating Football through photographs and videos’ guidelines.

These documents can be found on the Club Website, [www.lenhamwanderersfc.co.uk](http://www.lenhamwanderersfc.co.uk)

Kit and equipment supplied to the player is owned by Lenham Wanderers F.C. and must be returned when asked for. Any lost or damaged items will be charged to the signatory at the current replaceable price. All information given on this form is correct.

**I** **agree** **to** **my** **child** **playing** **football** **for** **Lenham** **Wanderers** **F.C.** **and** **to** **pay** **the** **fees** **as** **stated**.

**I consent to my child having their photograph or video taken; unless I instruct otherwise.**

* **Signed** - Parent/Guardian ………………………………\* **Print** **Name** -…………………………………
* **Date** - ……….../ …....…/……….
* **Mandatory** **-** **all** **areas** **that** **must** **be** **fully** **completed.**