



**CHARTER STANDARD CLUBS**

Chairman: Steve Simpson

**Ringwood Town YFC**

Childs Name.....

Age Group  
Season 2010/11.....

Managers Name.....

**Parents/Guardians Name**

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Address.....

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.....  
.....  
.....

Telephone No.....

Mobile No.....

Email.....

**Second contact name**

.....

Address.....

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.....  
.....  
.....

Telephone No.....

Mobile No.....

Email.....

Doctors Name

Address.....

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.....  
.....  
.....

Telephone No.....

Does your child have any medical problems and/or allergies

Yes/No

Treatment of these conditions during training and/or matches will remain my responsibility

Fathers Occupation.....

.....

(Optional- we often get asked if we know a builder/electrician etc)

I agree to my child playing for Ringwood Town YFC if chosen to represent the club in a match and agree to abide by the clubs code of conduct

Signed.....

Name.....

Relationship.....



THE FOOTBALL ASSOCIATION