

WICKHAM WANDERERS YOUTH FC
MEMBERSHIP APPLICATION 2008-2009

Section 1. Player details

Full name _____	Team _____	Under _____
Home address _____		
_____	Post code _____	_____
Home telephone no. _____	Date of birth _____	_____

Section 2. Parent/Guardian details

Full name of parent/guardian _____		
Contact telephone numbers		
Home _____	Mobile _____	Work _____
Email address _____		

Section 3. School details

School name _____	School year _____
Head Teacher _____	

Section 4. Emergency contact details

To be used only if the above named person cannot be contacted

Name of emergency Contact _____		
Contact telephone numbers		
Home _____	Mobile _____	Work _____
Name of second emergency contact _____		
Contact telephone numbers		
Home _____	Mobile _____	Work _____
Name of Doctor _____	Telephone no. _____	
Surgery address _____		

Section 5. Medical information (* Delete as applicable)

Does your child have any medical illness or allergy? _____	*Yes/No
If yes please give details _____	

Is your child taking regular medication? _____	*Yes/No
If yes please give details _____	

Are there any other details or medical conditions you feel the Club should know about? _____	*Yes/No
If yes please give details _____	
