# YOUNGS STAR FOTBALL FIRST

## Children's Activity – Registration Form

| Membership No | 2018/2019 | Joining Fee | YSFC- £75 with full kit |
|---|---|---|---|

**Child's Name:**
**School:**
**Address:**

**Postcode:** **Tel No.:**

**Male ( )** **Female ( )** **Date of Birth:**

### Name and Telephone Numbers of Parents/Guardians:

| Name | Home Telephone Number | Work Telephone Number |
|---|---|---|
| | | |

**Emergency Contacts – Please list below names and telephone numbers of people we can contact in case of emergency, in addition to parents/guardians:**

| No. | Name | Telephone Number | Relationship to Child |
|---|---|---|---|
| 1 | | | |

**Does your child suffer from any allergies? Yes: ( ) No( )**
**If yes, please fill out below (continue on a separate sheet if required).**

_____

**Does your child from any medical condition, illness or disability? Yes: ( ) No ( )**
**If yes, please fill out below (continue on a separate sheet if required).**

_____

**Does your child take any medication? Yes ( ) No ( )**
**If yes, please fill out below (continue on separate sheet if required).**

_____

**Child's Doctor – Name, address and telephone number:**

_____

_____

**Please fill out any other relevant information that may assist us with the care and supervision of your child:**

_____

**How did you hear about us?** **Family/Friends( )** **Social media ( )**
**LBBD Directory( )**

**Please inform YSFF if any of the above details should change**

**Signature of Parent/Guardian:** **Date:**