

Cramlington Juniors Football Club Player Personal Details, Playing Consent & Membership Form Season 2022/2023



Player Details	Age Group:
First Name:	Surname:
Date of Birth:	FAN No (if known):
• · · · ·	Passport: Previous CJ Player Registration:
Contact Details	
Home Address:	Main Contact Name:
	Main Contact Mobile No:
	Main Contact Email:
	Main Contact Date of Birth:
Postcode:	Main Contact Relationship to Player:
Alternative Contact Details:	Name:
	Mobile Number:
	Relationship to Player:
(e.g. Asthma, diabetes, allergic reaction to a	levant medical conditions and/or medication taken. dhesive plasters etc.) afeguarding Children, we require your permission to treat your dent. We regularly take photographs and images from club
will be taken as consent to treat If you feel there is anything that	nedia platforms and presentation events. Your signature below and to use any images of all persons detailed on this form. you consider necessary for your child's coaches to be aware a speak to us, in confidence, at any time.
Declaration	
membership of Cramlington Juni	ticulars on this form are correct and that we wish to apply for iors F.C. We agree to abide by the Club Rules and the Code of consent to register the above detailed player on the FA Whole Juniors FC registered player.
Signed:	Signed:
(Parent/Guardian)	(Player)
Date:	Club Official Signed:
*Please note that the Parent/Guardians signo	ature covers all members of the immediate family for membership of the club