



HEMEL STAGS ACES FOOTBALL CLUB

Associate Membership



Associate Membership Fee - 2009/10 Season: £00.00

PLEASE COMPLETE IN BLOCK CAPITALS

Name: _____ Date of Birth: _____

Address: _____

Town: _____

County: _____ Post Code: _____

Home Tel No: _____ Mobile Tel No: _____

Email: _____

Any Known Medical Allergies or Conditions: _____

Role in Club [Please tick main one which applies]

Team Manager/Coach Team Helper Parent/Guardian of Player Other*

*If other, please indicate role: _____

Team Involved with: _____ Age group (Under): _____

1. I understand that the above details will be held on a club database and will only be used in club football business.
2. I agree to be bound by and observe the Club Code of Conduct, Child Protection Policies and the Rules and Regulations of the Football Association Limited and County Football Association, and all competitions in which Hemel Stags Aces FC [HSAFC] participates.
3. I consent to disclosure of Members detail, as requested by the County Football Association, or Football Association Limited.
4. I agree to pay the whole membership fee, on application to join, as detailed below.
5. I agree to pay all fines imposed on myself due to misconduct on or off the football pitch, and agree to abide to the HSAFC disciplinary procedures, and any rulings imposed by Club, League or County Football Association.
6. I agree to reimburse HSAFC if I or my Child / legal Guardian lose, damage or fail to look after properly, any kit or equipment entrusted to me / my child / my legal guardian, by the Club.
7. HSAFC reserves the right to vary the membership fee during the season, as per Club Rules, to cover unbudgeted expenditure.
8. I agree to attend any courses, meetings, etc that HSAFC Club Committee deem necessary.
9. We understand 'Team Subs' are additional to the Membership Fee. We agree to pay full Team Subs, of the amount advised, when due.

Signed: _____ Print Name: _____

Date: _____

CHEQUES MADE PAYABLE TO "HEMEL ACES F.C".

The fee shall be paid IN FULL, on registration to join HSAFC.

If the fee / form is still outstanding by 30th Sept. 2009 the Associate membership will be cancelled, as per Club Rules, and the person may not take part in ANY activity linked to the Club without written permission from the Club Committee.

****This data will only be used if the Club has a reason to check or update references**



HEMEL STAGS ACES FOOTBALL CLUB

*Associate
Membership*



Hemel Stags Aces are required by the Football Association Limited to collect ethnic, gender and other details about Members. Please complete the 4 questions below and return with the application form

1: Gender

Please indicate if you are Male or Female

Year of Birth: _____

2: Ethnic background

Please choose one category from A to E and then please mark 'X' in the appropriate box to indicate your ethnic background

<p>A White</p> <p>English <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Scottish <input type="checkbox"/></p> <p>Welsh <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p>B Mixed</p> <p>White & Black Caribbean <input type="checkbox"/></p> <p>White & Black African <input type="checkbox"/></p> <p>White & Asian <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p>C Asian or Asian British</p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>
<p>D Black or Black British</p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p>E Chinese or Other Ethnic Group</p> <p>Chinese <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	

3: Disability

Do you consider yourself to be a disabled person? Yes No

If you have indicated yes please mark 'X' in all the boxes that apply to you:

Visual impairment <input type="checkbox"/>	Mental health issues <input type="checkbox"/>
Hearing impairment <input type="checkbox"/>	Learning disability/difficulty <input type="checkbox"/>
Physical impairment <input type="checkbox"/>	

4: Religion

None <input type="checkbox"/>	Christian* <input type="checkbox"/>
Buddhist <input type="checkbox"/>	Hindu <input type="checkbox"/>
Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>
Any other [indicate religion below] <input type="checkbox"/>	Sikh <input type="checkbox"/>

**(including Church of England, Catholic, Protestant and all other Christian denominations)*