



HEMEL STAGS ACES FOOTBALL CLUB

# Junior Membership



**Junior Membership Fee - 2009/10 Season: £10.00**

**PLEASE COMPLETE IN BLOCK CAPITALS**

Team Name: HEMEL STAGS ACES \_\_\_\_\_ Age group (Under) \_\_\_\_\_

Players Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_ Post Code: \_\_\_\_\_ Home Tel No: \_\_\_\_\_

Name & Address of School: \_\_\_\_\_

(As at September 2009)

Any Known Medical Allergies or Conditions\*: \_\_\_\_\_

*\*If any conditions are indicated, please also complete Players Medical Detail form and pass to the Team Manager*

Parent/Guardian Name: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

**Other Contact Names & Telephone Numbers in case of Emergency**  
(Relationship to player, i.e. grandparent, family friend)

1. \_\_\_\_\_

2. \_\_\_\_\_

1. In the event that this player is injured whilst playing football, or travelling to or from football events and we cannot be contacted on any of the above telephone numbers, *we hereby give consent* for the player to receive medical attention.
2. We understand that the above details will be *held on a club database* and will only be used in club football business.
3. We agree to be bound by and observe the *Club Code of Conduct* and the *Rules and Regulations of the Football Association Limited* and *County Football Association*, and *all competitions in which Hemel tags Aces FC [HSAFC] participates*.
4. We consent to disclosure of Members detail, as *requested by the County Football Association, or Football Association Limited*.
5. We agree to *pay the whole membership fee*, on application to join, as detailed below.
6. We agree to *pay all fines imposed on us due to our misconduct on or off the football pitch*, and agree to abide to the HAYFC disciplinary procedures, and any rulings imposed by Club, League or County Football Association.
7. We agree to reimburse HSAFC if we lose, damage or fail to look after properly, any kit or equipment entrusted to us by the Club.
8. HSAFC reserves the right to *vary the membership fee during the season*, as per Club Rules, to cover unbudgeted expenditure.
9. We understand '*Team Subs*' are additional to the Membership Fee. We agree to *pay full Team Subs*, of the amount advised, when due.
10. We agree to *attend any courses, meetings, etc* that HSAFC Club Committee deem necessary.

Signed Parent/Guardian: \_\_\_\_\_ Signed \*\* Player: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Players under 16 do not need to sign but are *encouraged to, to show their commitment* to the Club Rules and Club Code of Conduct.

We agree that the club may use the players name and / or photograph for publicity reasons, i.e. website, newsletters and press reports.  
**Note:** DO NOT sign below if you have any personal reasons to keep your child's details confidential.

Signed Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**MEMEBRSHIP FEE CHEQUES MADE PAYABLE TO "HEMEL ACES F.C."**

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

If the fee is still outstanding by 30th Sept.2009 the player's membership / any League Registration will be TERMINATED as per Club Rules.



# HEMEL STAGS ACES FOOTBALL CLUB



## Junior 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

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

### 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)