BENGAL STARS SPORTS ACADEMY

Membership Registration Form

Full Name: _____

Address

_____

_____

_____

_____

Post Code: _____

Date of Birth: _____

Home Tel: _____

Signed: _____

Favoured position (if applying for a playing position)

Goalkeeper	Defender	Midfield	Forward
☐	☐	☐	☐

Non-Playing Position:

Coach	Administrator	Fund-raiser	other
☐	☐	☐	☐

Are you already registered with a club?

Yes	No
☐	☐

If yes, which Club? _____

School (if appropriate)

_____

Address: _____

Post Code: _____

Parent/Guardian details:
Title (please tick):
Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First Name: _____

Surname: _____

Emergency Tel: _____

Mobile Number: _____

E-mail: _____

Emergency Contact Details:
In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers

Name: _____

Emergency Tel: _____

Name: _____

Emergency Tel: _____

Medical Details
Please indicate if you have any medical conditions we should be aware of, e.g. asthma

_____

_____

_____

_____

_____

_____

_____

Please turn over for additional information

Parent/Guardian Disclaimer:

I would like to discuss my child's medical condition with the coach in charge. YES☐ NO ☐

Any medication required should be given to the coach in charge, clearly marked (in its prescriptions container if applicable) with name and full instructions for use.

Inhalers and "Epipens" may be kept by the pupil with spares given to the teacher in charge.

Additional Information (Please include any additional information as required)**:**

_____

_____

_____

Declaration by Parent/Guardian/Player

- **I have read and completed this form and to the best of my knowledge and the details given are true and accurate.**
- **I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.**
- **I will inform the coach in charge as soon as possible of any changes in the medical or other details between now and the commencement of the duration.**
- **I agree to provide my child with the correct footwear, protective shin pads, appropriate hydrating fluids, required medication.**
- **It is my sole responsibility to notify Bengal Stars Academy of any existing medical conditions, injuries, or conditions which may affect the child from a health of fitness point of view.**
- **I agree that Bengal Star Academy or any of its staff members will NOT be held liable for any injury caused while warming up, training and/or during match play. It is the responsibility of the player to follow the appropriate warm up drills, wearing the appropriate footwear and general safety and well-being.**
- **Injuries due to contact on the football pitch or during warm ups and/or during drills will be sole responsibility of the player. Misconduct with fellow players or coaching staff will not be tolerated by either player or parent/guardian.**
- **Physical or verbal abuse of fellow players, guardians, parents, and Bengal Stars Academy staff will not be tolerated and can result in interventions from the relevant authorities.**
- **All valuables are the responsibility of each individual and no liability will be accepted by Bengal Stars Academy in the event of theft or stolen valuables.**
- **I agree to give the club committee members, coaches or media present to take photographs for marketing, branding and media purposes. The photographs will be kept in confidence and strictly monitored by the Welfare and Safeguarding Officer.**
- **Parents, public and/or other non-affiliated members of BSSA are strictly not allowed to take photographs without written permission of the club. Anyone found violating this will be asked to leave the premises and relevant authorities will be notified.**
- **Any personnel from media present will be with the permission from BSSA.**

Parent/Guardian Name: _____Date: _____

Parent/Guardian Signature: _____Date: _____

Player Name: _____Date: _____

Player Signature: _____Date: _____