



# CROOKHAM ROVERS FC

## MEMBERSHIP APPLICATION & MEDICAL CONSENT FORM

Name	
Address	
Post Code	
Date of Birth	
Team	
Parent/Guardian Name	
Home Telephone Number	
Mobile Number (s)	
E-mail Address(es)	

**If a Player/Member under 18 years of age please answer the following:**

Does your child take any regular form of medication?	
Does your child suffer from any allergies? (including Aspirin/Paracetamol)	

In the event that my child becomes ill or suffers an injury during any activity with Crookham Rovers Football Club and **I am not present**, I give permission for my child to be treated by the attendant First Aider or medical representative of the Club. Should it be required I also give permission that my child be treated at hospital. I confirm that my child may be given pain relief medication if deemed necessary. To the best of my knowledge my child is in good health.

I have been given a copy of, and will abide by, the NEHYL code of conduct for spectators.

I give my consent for the above information to be held on a computer database for use by Crookham Rovers Football Club only. Crookham Rovers Football Club will not provide this information to any other parties without your prior consent.

SIGNED:

DATED:

### GIFT AID DECLARATION

**Charity reg. no. 1116621**

**Tax ref. XR99576**

I want the charity to treat all donations that I have made from 3 October 2006 until I notify you otherwise as Gift Aid donations. I confirm that I pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity will reclaim on my donation – 25 pence for each £1 that I have donated.

SIGNED:

DATED: