



# MONIFIETH ATHLETIC FOOTBALL CLUB

Document Title: **Player Membership Form**

Document Num:  
MAFC023

Version: 08

Date Issued: July 2019  
Review Date: June 2020

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**OSCR**  
Scottish Charity Regulator

CHECK OUR  
CHARITY STATUS

[www.oscr.org.uk](http://www.oscr.org.uk)

Player Information	Name of MAFC Team or Coach/Manager:
First Name	
Surname	
Full Postal Address	
Postcode	
e-Mail Address	
Mobile Number	
Home Number	
Date of Birth and Town/Country of Birth	
School Attending	
<b>Contact Information</b>	
<b>1st Parent / Guardian Information</b>	
First Name	
Surname	
Full Postal Address (if different to above)	
Postcode	
e-Mail Address	
Mobile Number	
Home Number	
<b>2nd Parent / Guardian Information</b>	
First Name	
Surname	
Full Postal Address (if different to above)	
Postcode	
e-Mail Address	
Mobile Number	
Home Number	
<p>The monthly fee or donation (paid by standing order) entitles your child to access and participate in the training sessions provided for his/her age group and any additional training which may be available from time to time at the coaches' discretion.</p> <p>Sort Code: 80 05 80  Account No: 00599758  Account Name: Monifieth Athletic FC  Amount to be paid:  Frequency/Date: Monthly from: 1st Month  No. of payments: Until Further Notice  Reference: Team (followed by child's name/DOB)</p>	



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Membership of MAFC teams playing within a league or other matches will be at the discretion of the coaches and team managers and may be subject to further charges or fees as to be agreed. Any playing kit/training equipment provided by the club is to remain the property of the club and should be returned upon request or at the end of a playing season.

**Declaration:**

I hereby confirm that I have read and completed the information as requested on the Player Membership Form and the Medical Consent form.  
I confirm that my child has read and understands the Players code of conduct (Doc Num: MAFC004).  
I confirm that I have read and understand the code of conduct for Spectators, Parents and Carers (Doc Num: MAFC004).  
I do / do not (**delete as appropriate**) give permission for my child's photograph to be taken or used for publicity reasons.  
I do/do not (**delete as appropriate**) want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to **Monifieth Athletic Football Club SCIO**.  
I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

**Please see our Privacy Information on our website: [www.monifiethafc.co.uk](http://www.monifiethafc.co.uk)**

Signed	
Print Name	
Date	
<b>Medical Consent Form</b>	
Players Name	
Date of Birth	
Emergency Contact Details (primary) Name/Contact Number	
Emergency Contact Details (secondary) Name/Contact Number	
<b>Medical Details</b>	
Doctor	
Surgery Telephone	
Relevant medical information Allergies etc.	

In the event my son/daughter is injured whilst playing football/travelling to and from events and I cannot be contacted I hereby give my consent for my child to receive medical attention.

Signed	
Print Name	
Date	

This form will be retained by the coach/manager and Club for his/her/their records and for use in case of emergency.