

Honorary President: D Mackenzie
Chairman: K Basson
Vice Chairman: P Alloway
Treasurer: K Basson
Child Welfare Officer: K Basson
Business Development & School Liaison Officer: K Basson



Secretary: K Matthews
 32 Grangeways Close
 Gravesend
 Kent DA11 8NX
 Tel: 01474 356082

www.swanscombetigers.com

www.facebook.com/SwanscombeTigers

Affiliated to Kent F.A.

Charter Standard Club of The Year 2008/2014

MEMBERSHIP REGISTRATION FORM – 2017/18

PERSONAL DETAILS

| | | | |
|---------------|--|----------------|--|
| Full Name: | | | |
| Home Address: | | | |
| | | | |
| Email Address | | Postcode: | |
| Tel Number: | | Date of Birth: | |

Team

- Ability Under 7 Under 8 Under 9 Under 10 Under 11
 Under 12 Under 13 Under 14 Under 15 Under 16 Under 17
 Under 18 Reserves Men's

Annual Registration Fee

TBC £30.00 Junior/Ability – U18 TBC £40.00 for Mens/Reserves/Ability Adult

Match Fees

- TBC £4.50 per player (Ability, U7, U8, U9 & U10)
 TBC £5.50 per player (U11, U12, U13, U14, U15, U16, U17, U18)
 TBC £6.00 per player (Reserves & Men's)

Player Position *(If applying as a playing member please tick)*

- Goalkeeper
 Defender
 Midfield
 Forward

Non Playing Skills *(please tick)*

- Coach
 Administrator
 Fund Raising
 Other

EDUCATION DETAILS (if applicable)

| | | | |
|-------------------------|--|---------------------|--|
| Head Teacher | | PE Teacher | |
| School | | Current School Year | |
| Address: | | | |
| | | | |
| | | | |
| School Telephone Number | | | |



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ETHNIC ORIGIN (please tick)

| | | | | | |
|---------------|--------------------------|-----------------|--------------------------|------------------------|--------------------------|
| White | <input type="checkbox"/> | Indian | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Black African | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Other (please specify) | |
| Black other | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> | | |

MEDICAL & EMERGENCY DETAILS

Medical Details (please indicate any medical conditions/allergies we should be aware of)

EMERGENCY PARENT/CARER DETAILS

Name: _____

Home Telephone Number: _____ Mobile Telephone Number: _____

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

Name: _____ Emergency Contact Number: _____

Name: _____ Emergency Contact Number: _____

PARENTAL CONSENT

In the event that my son/daughter is injured whilst playing football/travelling to and from football events and I cannot be contacted on the above number, I hereby give my consent for my child to receive medical attention (which may include the administering of anaesthetic).

Signed: _____ Print Name: _____ Date: _____

I agree to be bound by and to observe the Club Rules and the Rules and Regulations of the Football Association Limited and County Football Association, and all which the Club participates. **Any kit/ equipment issued remains the property of Swanscombe Tigers FC at all times and must be returned upon request or upon any player leaving the Club. Failure to comply will mean the player being liable for the cost of replacing the kit/equipment.**

I enclose £..... as a membership fee which is **non refundable**. I consent to disclosure by the relevant County Football Association.

Player's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(if player under 18 years of age)

