

**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](http://www.swanscombetigers.com)

[www.facebook.com/SwanscombeTigers](https://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)

