



Taddington Rovers Football Club
Membership Form for Season 2021 – 2022

www.taddingtonroversfc.co.uk

A Charter Standard Club

Affiliated to Beds FA

Team Age Group/Name:		Manager's Name:	
Players Full Name:			
Players Date of Birth:			
Address:			
Postcode:			
Home Phone No:			
Parent/Guardian's Name:			
Parent/Guardian's Mobile No:			
Parent/Guardian's e-mail address:			
Parent/Guardian's Name:			
Parent/Guardian's Mobile No:			
Parent/Guardian's e-mail address:			

Please tick ALL boxes to confirm

(Hard copies of all policies detailed below are available on request)	Player	Parent/ Guardian
I have read and understood the information about The FA's Whole Game Player Registration System (WGS) as published on the Club website and agree to registration of the above personal details into WGS (which is UK data protection legislation compliant and can only be accessed by authorised FA, League & Club officials)		
I have read & understood the Club's Data Protection Policy as published on the Club website and agree that the Club can use my email details to contact me from time to time with important information and updates (like the Club Newsletter)		
I have read, understood and agree to abide by the Club's Governing Document & Codes of Conduct as published on the Club website		
I have read & understood the Club's Child Protection Policy, as published on the Club website		
I have read, understood and agree to abide by the FA's "Social Networking, Websites, Mobile Phone and Email Communications" document as published on the Club website		
I consent to player photographs/videos appearing on the Club's website and other social media channels (but not identifying players in any way through name or shirt number)		
I understand that the Club shirt and shorts remain the property of the Club and must be returned on request		

Please tick ONE box only

MEDICAL CONDITIONS (PARENT/GUARDIAN TO TICK ONE BOX ONLY)	
There are no medical conditions held by me/my child that need to be notified to the Club	
I have notified the Club of any relevant medical conditions held by me/my child (using Medical Form)	

If paying a reduced 'Sibling Rate', please state the Full Name & Team of the 'Full-Fee Paying' Eldest Sibling	
FULL NAME:	TEAM AGE GROUP/NAME:

Please pay by BACS to: TODDINGTON ROVERS FC Sort Code: 60-07-08 Account No: 41098331

Amount Paid on Joining: £

BACS (please state Player Surname & Age Group as Payee Ref)

Balance Owed to Club: £

Due by 31st October 2021

Player Signature & Date

Parent/Guardian Signature & Date

Manager's Signature