



EAST LONDON SOCCER SCHOOL
Membership Registration and
Parent/Guardian Consent Form

E.L.S.S.

Note:

To be included with this registration form:-
2 x passport size photos signed on rear by
player, and copy of an official document as
proof of Date of Birth.
(i.e. passport or birth certificate)

Players Forename:	Surname:
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Home Address:

Postcode:

Date of Birth:

Age:

Home Tel No.:

**Parent/Guardian
E-mail:**

Player Position: Goalkeeper Defender Midfield Forward No preference

Medical Details:

Please indicate if you have any medical conditions we should be aware of, e.g. asthma

School:

School Year group:

Address:

(if known)

Emergency Parent / Guardian Details

Forename:

Surname:

Emergency Tel No.:

Mobile No.:

In the event that the above named person cannot be reached, please give **two extra emergency** contact names and numbers along with the name of **your Doctors** surgery:

Name:

Emergency Contact No.:

Name:

Emergency Contact No.:

Doctors Surgery:

Tel.:

Parental Consent

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

Print Name:

Signed:

Date: