



# Membership Registration Form

Players Full Name	
Home Address	
Post Code	
Home Tel No (inc STD code):	
Mobile No:	
Date of Birth:	
E-mail:	
Age Group:	
<b>Print</b>	<b>Signature</b>
I/We	
_____ (Member/Parent) _____	
_____ (Member/Parent) _____	
have been provided with a copy of the F.C Sutton Dynamo Club Handbook and do hereby agree for and on behalf of the said club to if elected or accepted into membership - abide by and implement the decisions of the F.C Sutton Dynamo Committee.	
The Secretary and one other responsible member of the committee will also sign the following agreement as approval:	
_____ (Committee Member) _____	
<b>Zoe Roberts</b> (Club Secretary) _____	

Please tick
Non-Playing Skills
Coach <input type="checkbox"/> Administrator <input type="checkbox"/> Fund-raiser <input type="checkbox"/> Other <input type="checkbox"/>



CHARTER STANDARD  
CLUB

## Membership Registration Form

### Medical Details

Please indicate if you have any medical conditions we should be aware of

### Education Details (if applicable)

Head teacher

School

Address

County

Post Code

Current School Year

Telephone No (STD Code)

### Emergency Contact

Status (Please tick) Mr  Mrs  Ms  Other

First Name

Surname

Emergency Telephone No

Mobile No

E-mail

In the event that the above named person cannot be contacted, please give two extra emergency contact names and numbers

Name

Emergency Contact No

Name

Emergency Contact No

Thank you for your co-operation.

FC Sutton Dynamo

[www.suttondynamofc.co.uk](http://www.suttondynamofc.co.uk)