



www.princesvilla.com

CELEBRATING OVER 30 YEARS
OF FOOTBALL IN THE COMMUNITY
1982-2020

PRINCES VILLA FC MEMBERSHIP /INSURANCE FORM

General Information		Medical Details:	
Name:		Please provide details of any medical conditions and/or allergies e.g. asthma, that we should aware of:	
Home Address:			
Postcode:		Emergency Contacts	
Home Tel No:		Name:	
Mobile Tel No:		Relationship:	
Date of Birth:		Home Tel No:	
E-mail:		Mobile No:	
Player Signature:		In the event the above names contact cannot be reached, please give two extra emergency contacts:	
Player Position: (if applying for a member position) Please Tick		Name:	
Goalkeeper <input type="checkbox"/> Defender <input type="checkbox"/> Midfielder <input type="checkbox"/> Forward <input type="checkbox"/>		Home Tel No:	
Trialist <input type="checkbox"/> Training Only <input type="checkbox"/>		Mobile Tel No:	
		Relationship:	
Non Playing Position: Please Tick		Name:	
Coach/Manager <input type="checkbox"/> Committee <input type="checkbox"/> Child Welfare <input type="checkbox"/> Other <input type="checkbox"/>		Home Tel No:	
		Mobile Tel No:	
		Relationship:	
		Consent – For All	
		Covid 19 Disclaimer: Whilst we are acting within the guidelines provided by the FA and Cheshire FA, Princes Villa accept no liability should a player contract any illness. The risk is accepted by the adult or by the parent/guardian (of any player under 18) who returns to training / matches at Princes Villa.	
Education Details: (If Applicable)		In the event that I (adult player) or that my son /daughter (under 18) is injured whilst playing/ travelling to or from football events and neither I or any of the above can be contacted, I have hereby given consent for myself / child to receive medical attention.	
School Year:			
School:			
Address:		Name:	
		Signed:	
		Date:	24/07/2020