

Please read and complete this form carefully, it requests a lot of information.

# Ripon City Panthers Junior Football Club

Founded 1984

## REGISTRATION FORM - SEASON 2011/2012

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Age Group:** \_\_\_\_\_  
\_\_\_\_\_ **Tel No:** \_\_\_\_\_  
\_\_\_\_\_ **Mobile No:** \_\_\_\_\_  
**Post Code:** \_\_\_\_\_ **Girl/Boy** (Please delete as appropriate)  
**email:** \_\_\_\_\_

**IMPORTANT - Parents, if your child suffers from any recurring illness or allergy, please supply brief details and a note of any medication required:**

\_\_\_\_\_

We would also request your permission to be authorised to allow your child to receive medical treatment in the event of an emergency. Please sign below if you give your authorisation.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Club use: *Date Received* \_\_\_\_\_ *Amount paid:* \_\_\_\_\_ *cash/chq*

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**Address:** \_\_\_\_\_ **Age Group:** \_\_\_\_\_  
\_\_\_\_\_ **Tel No:** \_\_\_\_\_  
\_\_\_\_\_ **Mobile No:** \_\_\_\_\_  
**Post Code:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Subscriptions: £60 for first or only child, £30 each additional child**

If you have more than one child at the Club please provide the name(s) of brother(s) or sister(s)

who are also members: \_\_\_\_\_

Please return this form, together with your child's subscription, to

**Team Manager or Rob Bisby by 30th. September 2011.**

**Please make cheques payable to: RIPON CITY PANTHERS**

The top part of this form will be held by the Team Manager.  
This is to prove that he/she has been given authority to approve medical treatment for you child, in the event of an emergency.