



GILLFORD PARK FOOTBALL CLUB

Website – gillfordparkfc.com
Secretary: Jackie 07739533910

Members of the Cumberland FA and Carlisle Glass Longhorn Youth League

Club Membership Form 2024/2025 Season

Player Name: _____

Date of Birth: _____

Address: _____

Postcode: _____

Parents Name: _____

Date of Birth: _____

Contact Tel No: _____

Email address: _____

Doctor/Address: _____

Players Allergies (please state if any) _____

Photo/Social Media Consent: YES / NO (please circle one)

- I hereby give consent for any medical treatment I may require during the course of a game or training session.
- I understand I have an obligation to inform the Club if my medical condition changes after the signing of this form.
- I consent to the disclosure of the above information to the County Football Association for their sole use and to be uploaded onto the FA players Portal.
- I hereby consent to Officials of Gillford Park Football Club in connection with the furtherance and management of the Club to contacting me via any means of Telecommunications device details as provided by me on this form or as amended hereafter verbally or by correspondence.
- I hereby give consent for use of my name and images of me to be published on Club and league Social Media.

To register your child for league games, please pm a headshot photo and a copy of id for eg birth certificate or passport to Jackie on 07739533910 – this will be deleted once registered for the league.

Signing this form signifies that you agree to abide by the club 2024/2025 handbook. This will be handed out prior to the start of the season.

Parent/Guardian Signature: _____ Date: _____