

# Penicuik Athletic Youth Football Club



## Player Registration Form

Team	
Coach	

## Player Details

First Name	Surname

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

## Code of Conduct:

### Player:

I confirm that I have read and understood the Penicuik Athletic Youth Football Club's Player Code of Conduct. I agree that I will apply and adhere to the PAYFC's Player Code of Conduct.

### Parent/Guardian:

We/I, the parent or legal guardian of the player detailed above confirm that we/I have read and understood the PAYFC Parent/Spectator Code of Conduct. We/I agree that we/I will apply and adhere to the PAYFC Parent/Spectator Code of Conduct.

### The Club:

Penicuik Athletic Youth Football Club's Committee, Coaches and Helpers agree to abide by the Club's Child Protection Policies, procedures, Code of Conduct and adhere to the Bill of Rights for Young Players.

## Confidential Medical Details:

Does your child suffer from any medical condition, which you think PAYFC should be made aware of? E.g. asthma. Allergies etc.

YES

NO

If Yes, please specify \_\_\_\_\_

## Emergency Contact Details

First name	Surname	Telephone No.	Relationship to player

# Penicuik Athletic Youth Football Club

## Parent/Guardian Consent

I give permission for my child to:

	YES	NO
Take part in video recordings and photographs throughout the season for PAYFC. Usage of any video or photograph on social media (such as PAYFC Facebook & Twitter) will be in line with the club's and the Scottish Football Association's Child Protection Policies and procedures.		
Receive medical/surgical/anaesthetic/dental treatment in the event of injury as considered necessary by medical authorities present.		
Pay PAYFC subscriptions in 12 month equal monthly instalments by standing order of £15 per month for 4, 5 or 7 aside players and £25 for 11 aside players. This equates to a monthly Membership Fee of £10 and Player Rights Fee of £5 for 4, 5 or 7 aside players and £15 for 11 aside teams. The standing order should be set up with your bank to: PAYFC sort code 83-26-10, account no. 00671821,  with reference (Child's DOB (format 'yyyymmdd') )/Surname/Initial) e.g. 19920818StrickerA  We offer a £5 discount for second and subsequent players at the club.		

By signing this Player Registration Form, you are agreeing to the Code of Conduct and also confirming the details entered are correct. By the Club accepting the Player Registration Form and allowing your child to play for the Club, we are agreeing to the Code of Conduct.

**Name (Block Capitals)**

**Signed**

**Date**

**Player** \_\_\_\_\_

**Parent or Guardian** \_\_\_\_\_

The Codes of Conduct, Child Protection Policies and procedures and Bill of Rights are all available on the PAYFC website ([www.payfc.net](http://www.payfc.net)) or can be obtained from the Child Protection Officer. This registration form should be read in conjunction with these documents. **Child Protection Officer:** Karen O'Hanlon, email: [kohanlon70@hotmail.co.uk](mailto:kohanlon70@hotmail.co.uk)

## Registered Charity Gift Aid Declaration

Boost your donation by 25p of Gift Aid for every £1 you pay to your Player Membership Fee (£10 monthly). As a Charity, Gift Aid can be reclaimed by PAYFC from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer. In order to Gift Aid your donation you must sign below:

I want to Gift Aid my monthly Player Membership Fee to: Penicuik Athletic Youth Football Club. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Please sign here to agree to gift aid: \_\_\_\_\_

Please note below if your name, address and postcode are different from that noted above.