



LAKELANDS FOOTBALL CLUB Folio:
2015-2016 MEMBERSHIP FORM
(PLEASE USE BLOCK CAPITALS)

Player's name

Team

Coaches

Date of Birth		
Father's Name		
Father's Mobile No.		
Father's E-mail		
Mother's Name		
Mother's Mobile No.		
Mother's E-mail		
Home Telephone No.		
Player's Address		
Any medical or other condition we should be aware of		

I confirm that I have read, understood and agree to abide by the Lakelands FC Code of Conduct for Players

Player's Signature:

Date:

I confirm that I have read, understood and agree to abide by the Lakelands FC Code of Conduct for Parents

Parent's Signature:

Date:

Lakelands FC is run by parents volunteering their time, every parent should assist in some capacity: admin duties, fund raising, committee work, training, social activities, etc.

PLEASE indicate () Yes, I am willing to assist by _____ () No, I am NOT willing to assist

New Players –Please note the club has limited resources and therefore may be unable to accept all applicants, in such cases applicants will be refunded.