**THREAVE ROVERS YOUTH DEVELOPMENT**

**REGISTRATION FORM**

|  |  |
| --- | --- |
| **NAME** |  |
| **ADDRESS** |  |
| **GENDER** |  |
| **DATE OF BIRTH** |  |
| **SCHOOL YEAR** |  |
| **NAME OF SCHOOL** |  |
| **PLACE OF BIRTH** |  |
| **MOBILE** |  |
| **EMAIL ADDRESS** |  |
| **EMERGENCY**  **CONTACT**  **DETAILS** | **NAME**  **ADDRESS**  **PHONE** |
| **DETAIL OF ANY MEDICAL CONDITIONS** |  |
| **ETHNICITY** | **WHITE ASIAN BLACK**  **MIXED CHINESE/OTHER** |
| **NATIONALITY** | **BRITISH OTHER (PLEASE STATE)** |
| **DISABILITY** | **NONE LEARNING PHYSICAL VISUAL**  **HEARING SENSORY OTHER** |
| **DETAILS OF DISABILITY** |  |
|  | |

**THREAVE ROVERS YOUTH DEVELOPMENT**

**CONSENT FORM**

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| --- |
| I, the undersigned ..............................(parent/guardian) give permission for this child ................................... to take part in Threave Rovers Youth Development football training and matches.  Unless unaccompanied by myself I agree that he/she will be under the authority of and responsibility to the Coach(s).  If, at any time during the session he/she requires urgent medical treatment, I give permission provided I cannot be contacted, to the doctor or surgeon designated to make any decision necessary including administering an anaesthetic. |

|  |
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| It is the responsibility of the parent/guardian to inform Threave Rovers Youth Development if any details included on this form change. |

|  |
| --- |
| Signature: ............................................................. Date: ...................................  Relationship: .............................................................................. |

**PLEASE NOTE THAT THOSE AGED UNDER 18 YEARS OF AGE WHO DO NOT HAVE A COMPLETED/SIGNED CONSENT FORM WILL NOT BE ALLOWED TO PARTICIPATE**

**THREAVE ROVERS YOUTH DEVELOPMENT PARENTS AND SPECTATORS CODE OF CONDUCT**

* Remember that you are there for the participants to enjoy the game.
* Encourage participation but don’t force it.
* Teach that enjoyment is more important than winning.
* Never ridicule mistakes or losses – supporters are there to support not downgrade.
* Lead by example and respect all players, coaches, referees and spectators – physical or verbal abuse will not be tolerated.
* Recognise all volunteers who are giving up their valuable time.
* Never publicly criticise referees – raise personal concerns with club officials in private.
* Don’t use ugly remarks based on race, religion, gender or ability – you’ll let down your family and yourself if you do – and many such comments are now actually illegal.

**By registering our/my child with Threave Rovers Youth Development we agree to abide by these principles.**

**PLAYERS NAME:**

**PARENT/GUARDIAN NAME:**

**PARENT/GUARDIAN SIGNATURE:**

**DATE: ...........................................**

**THREAVE ROVERS YOUTH DEVELOPMENT**

**PLAYERS CODE OF CONDUCT**

* Play by the rules – the rules of your club and the laws of the game.
* Never argue with a referee or other official.
* Control your temper – verbal abuse of officials and abusing other players does not help you enjoy or win football matches.
* Be a team player – it’s a team game, treat it that way.
* Treat all players as you would like to be treated – fairly.
* Co-operate with your coach, the referees and team mates.
* Play for your own enjoyment and to improve your skills.
* Don’t use ugly remarks based on race, religion, gender or ability – you will let down your coach, teammates and families. Many such comments are now actually illegal.

**By registering as a player with Threave Rovers Youth Development I agree to abide by these principles.**

**PLAYERS NAME:**

**PLAYERS SIGNATURE:**

**PARENT/GUARDIAN NAME:**

**PARENT/GUARDIAN SIGNATURE:**

**YOUTH DEVELOPMENT OFFICER:**

**DATE: ...........................................**

**THREAVE ROVERS YOUTH DEVELOPMENT**

**CONSENT FORM FOR PHOTOGRAPHY AND IMAGES OF CHILDREN**

Dear Parent/Carer

During your child’s time with Threave Rovers Youth Development we will look to take photographs or videos of activities that may involve your child. The photographs may be used for the club website, local media or presentations. We are actively encouraged to take photographs for promotional purposes and the name of your child may appear next to his/her photograph.

Photography or filming will only take place with the permission of the Head of Youth Development and under appropriate supervision. Images that might cause embarrassment or distress will not be used nor will images associated with material or issues that are sensitive.

Before taking any photographs of your child, we need your permission. Please answer the questions below, sign and date the form and return it to Threave Rovers Youth Development as soon as possible.

You may withdraw your consent at any time by informing the club in writing.

**NAME OF CHILD**:

**NAME OF PARENT/CARER**:

I understand that:

* Threave Rovers Youth Development or professional photographers acting on behalf of the club may take images for use in displays and presentations.
* Embarrassing or distressing images will not be used.
* The images will not be associated with distressing or sensitive issues and
* The club will regularly review and delete unwanted material.

**YES** I give consent for pictures to be taken and used

**NO** I do not give my consent for pictures to be taken and used.

Parent/Carer signature:

Relationship to child:

**THREAVE ROVERS YOUTH DEVELOPMENT MONTHLY FEES.**

ln order to meet the ongoing costs of running Threave Rovers Youth Development, the monthly Standing Order payment requires to be set at the level of £12 per player per calendar month.

You are free to choose which day of the month is most suitable to you for the payment date, but you must set this up with your bank using the bank details below.

**Please remember to quote your child's name as a payment reference when setting up the instruction.**

Bank of Scotland.

Account Name- Threave Rovers Youth Development Football Club

Account Number- 06004061

Sort Code- 80-06-11