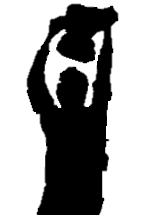
A silhouette of a person kicking a ball

Description automatically generatedA person holding a trophy

Description automatically generated

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| ST MARTINS AC  VETS League  *2024/ 2025 SEASON* |

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| **PLAYER REGISTRATION FORM**  **FOR PARTICIPATION IN SENIOR FOOTBALL ACTIVITIES** |
| PLEASE FOLLOW US ON  Facebook : St Martins AC Twitter  : @stmartinsac  to ensure you receive up to date club information |

|  |  |
| --- | --- |
| Player Full Name |  |
| Player Date of Birth |  |
| Address |  |
| Postal Code |  |
| Email Address |  |
| Contact Tel No |  |

**EMERGENCY CONTACT DETAILS**

|  |  |
| --- | --- |
| Contact Name |  |
| Relationship |  |
| Contact Tel No |  |

**Subscriptions for the season are £135.00 (includes club subscription and GFA Fee.**

(This does not include any match fines issues by League Officials)

**Please return completed forms, by email (as an attachment NOT photo) or with cheques payable to St Martins Ac to:**

**Nicki Hamon, Bodyline Ltd, La Planque Lane, Forest GY8 ODR**

**Online payments to: St Martins Ac HSBC 40-22-25 A/c 742 12 959**

**P T O**

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| ST MARTINS AC – VETS Football  Declarations  *2024/ 2025 SEASON* |

**Details of Football Activity**

Senior Football, Coaching Sessions and Playing in Football League and Cup Games during the season 2024/2025.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to taking part in any activity as described above and I acknowledge the need to behave responsibly and within the FA laws of the game. I have read and accepted the rules of St Martins AC and understand that they must be adhered to at all times.

**Medical Information** Do you have any medical condition that may affect you during any football activity which the club should be aware of?

Yes / No If yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Welfare** – The clubs welfare policy is available on our website [www.stmartinsac.com](http://www.stmartinsac.com), I understand that it is recommended that I review the information available to me.

**Insurance** – I am aware the Club’s Insurance Policy may not cover any expenses incurred during medical treatment towards my care. Therefore, I understand that I have been advised that private medical insurance should be obtained to cover myself.

**Images/Data** – I am aware that at times the club may wish to take photos or videos of the team in and that these will be available for viewing via the St Martins AC website. I note the club adheres to FA guidelines to ensure these are safe, respectful and used solely for the purpose they are intended for. Data supplied will be recorded and used club purposes as required. Data requested by GFA/FA may be supplied by the club. I confirm by signing that this is acceptable to me.

**Medical treatment** – I agree that I can receive medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by authorities present.

Welfare \* Insurance

Image/Data Medical Treatment

(\*more info available on website [www.stmartinsac.com](http://www.stmartinsac.com) )

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any questions please email** [**admin@guernseysaints.com**](mailto:admin@guernseysaints.com)