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| ST MARTINS AC – MINI’S SECTION  Registration and Parental Consent Form  **Reception Yr 1 Yr 2 Yr 3 Yr 4 Yr 5**  *2024 / 2025 Season* |

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[**admin@guernseysaints.com**](mailto:admin@guernseysaints.com)

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| **Player Full Name** |  |
| **Player Date of Birth** |  |
| **Player Address inc Post Code** |  |
|  |  |
| **School Year as at 1 Sept 2024** |  |
| **School attending 1 Sept 2024** |  |
| **Parent / Guardian General or Emergency Contact Details** | |
| **Main Contact Name** |  |
| **Relationship to Player** |  |
| **Main Contact DOB \*** |  |
| **Main Contact Tel No** |  |
| **Main Contact email address** |  |
|  |  |
| **Second Contact Name** |  |
| **Second Contact Tel No** |  |
| **Second Contact email address** |  |

* **May be needed for some league registrations.**

**Subscriptions for 2024/25 Season**

£155.00 to include BPL outdoor training and all-weather facilities at les Beaucamp High Sch

Reception, Years 1 & 2 indoor gym, Years3,4 & 5 all-weather outdoor pitch. (approx. November to end of February) Season finishes May 2025.

Forms to be returned by email to: [admin@guernseysaints.com](mailto:admin@guernseysaints.com)

(please confirm date of subs payment and return one form per email, form to be returned as an attachment rather than a photo as these can be unclear (by post to Nicki Hamon, Bodyline Ltd, La Plaque Lane, Forest GY8 0DR)

Online payments St Martins AC Mini’s Sort Code 40-22-25 A/c number 74212959 Please state player name and Year group as of Sept 2024, with all payments.

To secure you place please return forms no later than Friday 14th June. So unrequired places can be re-allocated.

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| ST MARTINS AC – MINI’S SECTION *2024 / 2025 Season*  *Declarations* |

**Details of Football activity provided.**

Mini’s Football, Coaching sessions, and friendly football matches/tournament during the season 2024/2025, **first session Saturday 07th September 2024.**

I agree to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (player’s name)

taking part in any activity as described above and I acknowledge the need for him / her to behave responsibly and within the FA laws of the game. Full info, including **all** **Child** **Welfare documents**, can be found on our website, [**www.stmartinsac.com**](http://www.stmartinsac.com)

**Medical Information** Does your child have any medical condition that may affect them during any football activity which their year group coaches should be aware of?

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

**Teamer:** Please check your teamer account to ensure details are up to date, a current mobile number and email address are required. (info will be used to contact you in case of an emergency) Invites will be sent by teamer for all training and matches – please respond promptly to enable coaches to plan accordingly as sessions will be planned around the numbers that respond. Please see club website for full details regarding teamer requirements.

**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.

**Images/Data** – I am aware that at times the club may wish to take photos or videos of the team and that these may be available for viewing via the St Martins AC website/ club social media. 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 requested by GFA/FA may be supplied by the club. I confirm by signing that this is acceptable to me.

**Medical treatment** – I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered by medical authorities present.

**Insurance** – I am aware the Club’s Insurance Policy may not cover any expenses incurred during medical treatment towards any child in your care. Therefore, I understand that I have been advised that private medical insurance should be obtained to cover my child. (copy of club policy is available in clubhouse)

**I acknowledge that I have read and understood the declarations above (please acknowledge (tick or initial) each section including recommended info on website (teamer/child welfare)**

\*Teamer \*Welfare

Image/Data Medical Treatment

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

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email all enquires to [admin@guernseysaints.com](mailto:admin@guernseysaints.com)