

Skill 7 FC



Skill 7 Limited

2022 Player Registration - Membership Form

Membership Fees: £40 for **Enhanced** Membership or £25 for **Basic** Membership. See website for full member benefits.

Please state which membership you would like for your child: _____

Participant Information:

| Child's Full Name | Age | School Year | Date of Birth |
|---------------------|-----|-------------|---------------|
| | | | |
| Full Postal Address | | | Post Code |
| | | | |
| Email Address: | | | |
| Medical Conditions: | | | |
| Prescribed Meds: | | | |

Parent or Guardian Information:

| Name/s and relationship to child | 1st Emergency Phone | 2nd Emergency Phone |
|----------------------------------|---------------------|---------------------|
| | | |
| Name of Family Doctor | Surgery Address | |
| | | |

Parental Medical Treatment Authorisation/Parents/Guardians Statement

To preserve the life or well-being of the above-named child, I agree that coaches who hold valid first aid certificates may administer medical attention to my child in the event of an accident, including the use of antiseptic wipes, bandages, creams and plasters, which have not been disclosed as 'allergic items' on the medical part of this booking form.

As signatory (parent or guardian) of the above-named child, I understand and agree that Skill 7 Limited, its staff, its agents and the host venue accept no responsibility for any loss or damage, whether to person or property, in connection with any Skill 7 FC or Skill 7 Limited activity in 2021. I am aware that all Skill 7 FC and Skill 7 Limited activities could result in some contact and may require some strenuous physical exercise. I assume all risks of hazards incidental to such activities. I hereby WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS Skill 7 Limited, its staff, its agents and the host venue from any and all claims arising from his/her participation in or being transported to or from the same, whether the result of negligence, or any other cause, except to the extent and amount that may be covered by accident or liability insurance.

I also acknowledge that photographs may be taken at each course and give my permission for their use in child friendly advertising on the Skill 7 website and Skill 7 social media pages. This registration form will cover the above-named-child for all Skill 7 activities in 2022.

| Parent/Guardian Signature | Parent/Guardian Name | Date Completed |
|---------------------------|----------------------|----------------|
| | | |

SKILL 7 LIMITED USE ONLY: Amount Paid: £_____ Method: _____ Date: _____ Membership Number: _____