



Carlisle City FC – Club Membership Form (Family)

Name of Player 1		Date Of Birth	
Name of Player 2		Date Of Birth	
Name of Player 3		Date Of Birth	
Address		Post Code	
Home Tel. No.		Mobile Tel. No.	
Family e-mail address			

Team Age Group – Player 1.....Player 2.....
 Player 3.....

Doctor/Address

Players Allergies (please state if any) Player 1

Player 2Player 3

Emergency Contact Details (name/telephone number)

Player/Parental consent: I agree to abide by the rules of Carlisle City Football Club and the Cumberland Football Association, and to pay the Annual Membership fee of £10. I hereby give consent for any medical treatment I may require during the course of a game or training session. I understand I have an obligation to inform the Club if my medical condition changes after the signing of this form. I consent to the disclosure of the above information to the County Football Association for their sole use. I hereby consent to Officials of Carlisle City Football Club in connection with the furtherance and management of the Club to contacting me via any means of Telecommunications device details as provided by me on this form or as amended hereafter verbally or by correspondence. I hereby give consent for use of my name and images of me to be published on Club Social Media.

Signature Player 1 Player 2
 Player 3..... Parent.....
 Date.....

Official Use Only

Membership Fee £10 Received Date

Membership Number Player 1.....Player 2.....Player 3.....

Secretary Signature Date