

Ascot United Player Registration 2018 -2019

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|--|--|-------------------------------------|------------|------------------------------|-----------------|
| Player Surname | | Age Group 2018-2019 | | Membership Number | |
| Player First Name | | Telephone Number | | | |
| Home Address | | Mobile Telephone | | | |
| | | Email Address | | | |
| Gender | | 2nd Email Address | | | |
| Date of birth | | School | | | |
| Medical Conditions | <p><i>Please advise any relevant medical conditions that the team manager should be aware of for next season.</i></p> <p>Players must have any required medication with them at all club activities</p> | | | | |
| Gift Aid | <p>I would like Ascot United FC Limited to be able to reclaim tax on all gifts of money that I have made in the past 6 years and all future gifts of money that I make from the date of this declaration as Gift Aid donations. I understand that I must pay an amount of UK income tax or capital gains tax at least equal to the tax reclaimed by Ascot United. Please tick box <input type="checkbox"/></p> | | | | |
| <p>I, the parent or guardian, consent to the named player being registered with Ascot United FC to play association football matches and participate in other club activities such as training, tournaments, and social events. I and the named player will always abide by the Rules and Codes of Conduct as laid down by Ascot United FC (and published on our website www.ascotunited.net). I understand that failure to do so may result in my and or the player's membership being withdrawn.</p> <p>I accept that team selection rests solely with the team manager, that participation in any Ascot United FC activity is at our own risk and that subscriptions are non-refundable. I retain responsibility for the named player at all times and if the player is in the Under 11s age group or younger I, or the other parent or guardian, will remain with him or her at all times or arrange for another responsible adult to do so. I consent for first aid treatment to be administered to the named player in my absence.</p> <p>I shall be responsible for reimbursing the club all administrative costs and fines for misconduct levied by any competition, County FA or The FA against me and/or the other parent or guardian and or the player indicated on this form and or any other person who is present as my guest or under my supervision.</p> <p>Upon acceptance of this player registration I will become a member Ascot United Football Club Limited. As a member of the limited company I understand that I/we may be required to contribute a maximum of £1 to the Company's assets if it should be wound up while I am a member or within one year of my ceasing to be a member.</p> <p>Images and/or video recordings of teams, players, and/or Managers/Coaches with players may be posted on the Ascot United FC website and/or social media. To prevent this please advise your manager and/or coach in writing at the earliest opportunity.</p> <p>The General Data Protection Regulation (GDPR) comes into effect on 25 May 2018. AUFC's privacy policy can be found at http://www.ascotunited.net/ under the Document tab. We will keep your personal information safe and not sell or pass your data to third parties. However we are required to provide your personal information to our regulator, The FA, and to the competitions we play in. We will also use your personal information for the purposes of fulfilling our membership requirements and providing information about Ascot United and football in general. Data will be kept for as long as you are a member and up to 12 months after your membership ceases, unless we are legally required to keep the data longer for purposes such as HMRC.</p> | | | | | |
| Name of Parent/Guardian (Please print) | | Signature | | | Date / / |
| FOR OFFICE USE ONLY | | CM | CMP | X | BB |