



# Alyth Belsize Football Club

## New Player Registration: Season 2019-20



**PLAYER'S NAME:** .....

**DATE OF BIRTH:** .....

**AGE GROUP:** (Please circle as appropriate) Under 7 / Under 8 / Under 9 / Under 10 / Under 11/12

**I would like to be on a team with** .....

**School attended** .....

**Synagogue membership** .....

**Kit size** [Click here and complete the form](#)

**PARENTS'/GUARDIANS' INFORMATION**

**Father – name**..... **Mother – name** .....

**Address**.....

**Postcode**..... **Home phone**.....

**Mobile** ..... **Mobile**.....

**E-mail**..... **E-mail** .....

**PLAYER'S PERSONAL/MEDICAL INFORMATION**

Do you have any allergies? *If 'yes' please provide info below* YES / NO

Are you still covered by a current tetanus injection? YES / NO

Do you wear contact lenses? YES / NO

I give my permission for ice/heat spray to be applied to my child if required in the event of a minor injury YES / NO

Do you suffer from: Hay Fever / Asthma / Diabetes / Heart Condition / Other

Additional medical information .....

Do you suffer from any behavioural or mental health issues? YES / NO

*If 'yes' please contact Greg Blank, Club Chairman, to discuss in confidence*

**PERMISSIONS**

Photographs – please tick to confirm that you are willing to allow your child to be photographed for the purposes of general publicity (club website, synagogue displays, press, etc).

Travel arrangements are the responsibility of parents. Please tick to confirm you understand this.

**SIGNATURE OF PARENT OR GUARDIAN:** .....

**ANNUAL MEMBERSHIP FEE (earlybird reduction of £25, valid until 10 June 2019)**

**PLEASE TRANSFER TO ALYTH BELSIZE FC, BARCLAYS BANK,**  
**SORT CODE 20-76-90 ACCOUNT NUMBER 93676498**

Alyth or Belsize Square Synagogue members	£345.00
All others	£360.00

**Please contact the Club for details of our sibling discount (if applicable)**

*Additionally, players will need to complete a Maccabi League registration form (to include 2 identical passport-style photos) and supply proof of DOB (copy of birth certificate/current passport).*

**Please return this form + confirmation of payment + Maccabi form + photographs to  
Greg Blank, Alyth Belsize FC, 2 Farnham Close, London N20 9PU**

**All queries to Greg Blank, Chairman: 07939 256337; [alythbelsizefc@aol.co.uk](mailto:alythbelsizefc@aol.co.uk)**

*No one is excluded because of shortage of funds. Please address confidential financial questions to the Chairman*