

# CALVERTON M.W. F.C. COLTS SIGNING ON FORMS 2024/2025



calvertonmwfccolts@yahoo.co.uk

TEAM (AGE GROUP)	
Player Name	
Players Date of Birth	
FA Fan Number (if known)	
Family Name	
Address	
Parent /Carer/Guardian Name	
Parent /Carer/Guardian Date of Birth	
Parent / Carer Mobile	
Email Address	
Special Medical Information Allergies and medical conditions	
Doctors name / Tel	/
Signing on Fee	<b>£35.00 Advance</b>
Subs	£198 per Season Payable : 9 x £22 Monthly
Subs Payments	Cheque/Cash <input type="checkbox"/> OR <input type="checkbox"/> Standing Order <input type="checkbox"/>
I agree to allow individual & Team photos to be displayed on the Club Website & Social media.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Volunteering – Would be willing to give up some of your time to support the club?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I/we agree to abide by the rules of the Miners Welfare and Football club	Parent /Carer signature:

Notes for Parents/Guardians: ----- Cut here & retain-----

- Signing on fee of £35 is payable no later than July 2024 (including Family membership of the Welfare).
- Subs are £198 per season, split into 9 equal payments of £22, payable by cash, cheque or Standing Order (details supplied separately).
- Club Membership: All families using the facilities including Football must be members of the Miners Welfare. Please note that Signing on fee includes annual family membership to the Miners Welfare. Families with more than one child playing for CMWFC Colts or with Life membership will be able to claim back £5 from the Welfare. Please contact the bar staff or telephone 0115 9654390 for details.
- **Website / Social Media: SEE ABOVE.** Indicating YES & signing this document you give permission for the Club to include individual player & team photos & information on the club website / Social Media page. Any concerns should be addressed in writing to the Club secretary.
- In signing this document, you agree to abide by the club rules and payment of signing on fee & subs.

## CALVERTON M.W. APPLICATION FOR FAMILY MEMBERSHIP



Full name of Applicant	
Address	
Tel No	
Email Address	
Date of Birth	

I apply for membership of the **Calverton Miners Welfare Scheme** which is made up of **Calverton Miners Welfare Trust** (registered charity number 522265/1) and **Calverton Miners Welfare Social Club** (“the Club”) the business of which is carried on by the **Calverton Miners Welfare Social Club Limited**, a company limited by guarantee (“the Company”).

I understand that I can use all of the recreational facilities offered by the Club following approval of this Membership application.

I understand the membership of the Club confirms membership of the Company and I undertake to be bound by the Rules and Byelaws of the Club and the articles of the Company.

Signed: (Applicant)	
Date	

Approved by: The Directors

Special Arrangement: September – September membership





## **SUBS PAYMENT METHODS:**

- 1) Cash/Cheque 9 x monthly Payments £22/month , Payable 1<sup>st</sup> of Month
- 2) Standing Order (Please contact your bank (on-line)to set up with your Bank)

### **Standing Order Mandate Instructions**

Please pay the amount of £22 (Twenty Two pounds only) to –

Account name	To Be confirmed
Account details	Sort code -
	Account no -

On the 1<sup>st</sup> day of each month starting on 1 September 2024 until 1 May 2025  
(9 payments).

**TEAM MANAGER WILL CONFIRM PAYMENT ACCOUNT  
DETAILS PRIOR TO START OF SEASON**



## Team Medical Form (To be retained by Team Manager)

Child's name:	Date of birth:
Doctor:	
Doctor's address:	
Doctor's telephone:	
Does your Child have any medical conditions that the Coach /Manager need to be aware of, including Mental Health/allergies/Asthma : <b>(Please list or comment)</b>	
<b>Managers : Please seek advice from Child welfare officer if you need help/support .</b>	
Does your child or the child in your care have any known additional needs? (Please list)	
Please detail any medical needs your child has/medication taken: (please provide full details, if medication is needed an additional medication consent form may need to be completed)	
Does your child have any special dietary requirements?	
Any other information relevant to your child's health	
Parent/Guardian/Carer emergency contact telephone numbers:	

**In the event that my child is involved in a serious accident I expect to be contacted immediately on the above telephone numbers.**

**In the event that my child requires immediate medical treatment before I can get to the hospital I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf.**

Signed:

Date:

\_\_\_\_\_  
PRINT NAME: