



Website: www.staplehurstmonarchs.co.uk
Email: info@staplehurstmonarchs.co.uk

STAPLEHURST MONARCHS FOOTBALL CLUB

Disclaimer Form

Please complete this form as soon as possible and return it to your Team Manager

I, (Name)

of (Address)

.....

..... Post Code

Telephone No

Date of birth

School

Wish to be a member of the Staplehurst Monarchs Football Club.

I have read and understand and agree to abide by the Club Rules and its Constitution.

Signed Date

I, parent / guardian of the above named, having read and understood the Club's Rules and Constitution, agree to his becoming a member of the Staplehurst Monarchs Football Club. It is understood that neither the Club its officials or assistants can in any way be held responsible should any injuries or accidents occur during training, matches, club meetings or other events, or when travelling to and from matches, training sessions or other events.

Signed Date

STAPLEHURST MONARCHS FOOTBALL CLUB ANEASTHETIC / URGENT TREATMENT CONSENT

Should the necessity arise, I,..... (please print), agree to the person in charge of the team, giving consent on my behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.

Signed (parent / guardian)

Childs Name (please print)

Established in 1970

Chairman
Nigel Best

Secretary
Nigel Stewart

Treasurer
John Bowen