



Ashton-on-Ribble FC

Player Registration Form

Full Name:

Home Address:

Postcode:

Home Tel:

Mobile:

Date of Birth:

Email:

Preferred Playing Position:

Do you suffer from any medical conditions?
If yes please detail:

Current Full Time Education Details (if applicable)

School

Address:

Head Teacher:

Telephone:

In case of an emergency please list two contacts:

Name:

Tel:

Name:

Tel:

Membership fee for the season	£25
Match day subs for the season	£5 Starters £3.50 Subs

All players are required to complete this registration form and the blue form supplied by the league. Please ensure all forms are completed with accurate information.

By signing this form you are agreeing to adhere to the club rules and constitution. The rules and constitution and all relating documents are available online at www.aorfc.co.uk.

Hard copies are available on request.

Signed:

Date: