



MEMBERSHIP APPLICATION FORM (UNDER-16)

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|---|---|
| Full Name | |
| Address | |
| Postcode | |
| Home Telephone Number | |
| Date of birth | |
| Position (Please tick one or more) | <input type="checkbox"/> Keeper <input type="checkbox"/> Midfield <input type="checkbox"/> Defender <input type="checkbox"/> Striker |
| Please state any medical condition (e.g. Asthma) | |
| Emergency Contact Name | |
| Emergency Contact Number | |

I wish to become a member of the Oldham United Football Club in accordance with its Rules and Club's Code of Conduct – copies are available from the Clubs website: <http://www.oldhamunited.com/>.

In signing this form parent/guardian of an under-16 player of this club you are deemed to have accepted the following conditions:

- Players may be photographed during matches or training sessions that may go on the website or used as publicity for the club
- that you will ensure that the child conforms to the Players Code of Conduct

OLDHAM UNITED F.C., ITS COMMITTEE OR REPRESENTATIVES ARE UNDER NO LIABILITY WHATSOEVER FOR LOSS OF PROPERTY, ACCIDENTS OR INJURIES CAUSED DURING TRAINING, MATCHES, TRAVEL TO AND FROM ANY ORGANISED EVENT.

| | |
|-----------------------|--|
| Signature (Player) | |
|-----------------------|--|

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|---------------------------------|--|------|---|---|
| Signature (Parent/Guardian) | | | | |
| Print Name (Parent/Guardian) | | Date | / | / |

For official use only

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|-----|--|------|--|----|--|
| DRB | | RFPD | | RB | |
|-----|--|------|--|----|--|