



Cramlington United Football Club

Pride and Passion

Charity Number 1122188



CHARTER STANDARD
COMMUNITY CLUB

Membership Form

Players Name:	Date of Birth:
Full Address:	
Post Code:	
Mobile Phone No:	Other Tel No:
E-Mail Address:	

- I consent / do not consent (*delete as appropriate*) to the photographing/videoing and publication of images for the sole use of Cramlington United F.C. eg Club Website, Club Newsletter, promotional campaigns and coaching purposes. *N.B. No names will be used to directly identify children.*
- I consent / do not consent (*delete as appropriate*) to the administration of emergency first aid and other medical treatment where considered appropriate.

Health Declaration: Please give details of anything you consider club personnel should be aware of.
We will treat all disclosures in the strictest confidence.

I will keep the club informed in writing of any changes to the above declaration and advise of any new issues.

Gift Aid Declaration

Please treat as Gift Aid donations, all qualifying gifts of money including monthly subscriptions:

Today In the Past 4 Years In The Future

Please tick all the boxes you wish to apply

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each year (6 April to 5 April) that is at least equal to the amount of tax that all charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts from that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand that the charity will reclaim 25p of tax on every £1 that I donate.

Please notify Cramlington United Football Club if you:

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income or capital gains

	Print Name	Signature	Date
Player			
Parent/Guardian			
Coach			

I confirm I have read and understood the relevant Club Codes of Conduct (available on Club Website)

Age Group: _____ **Team Name:** _____