



**SHANNON TOWN UNITED
AFC
PLAYER MEMBERSHIP FORM**

PLEASE USE BLOCK CAPITALS ONLY

First Name _____ Surname _____

Date of Birth (in number form i.e.
DD/MM/YYYY) _____

Home address:

Contact telephone numbers

Home: _____

Work: _____ Mobile _____

Email address _____

Next of Kin: _____

Contact Telephone number _____

Any Medical Conditions YES: _____ NO: _____

If **YES** Please Give Details:

Please indicate which membership:

Membership FEE:

€10.00 - School Boy /girl

€30.00 - Family Membership (2 Adults and all children under 18 years of age)

€30.00 - Junior Player

SchoolBoy/Girl Family Junior Player

Cheques made payable to Shannon Town United A.F.C.

It is important to note that when your child needs to travel to an away match you are encouraged to travel with them. Where this is not possible please let your Coach/manager know. Every effort will be made to arrange transport for your child but it cannot be guaranteed.

It is strongly advised that you stay with your child until arrangements have been made.

By signing the attached form you and your child agree to adhere to the Shannon Town United AFC Code of Conduct as set out in the attached booklet.

Signed: _____

Print Player Name: _____

Date: _____

Signed: _____

Parent/Guardian Name: _____

Date: _____