

# KILLINGWORTH YOUNG PEOPLES CLUB MEMBERS INFORMATION PACK



Dear Player, Parent/Guardian,

The following information pack has been developed in order to provide both players, parents/guardians with key and relevant information relating to the Killingworth Young Peoples Club "the Club".

There are a number of forms that must be fully completed in order to ensure that each player is formally signed on with the Club and is a requirement of the Football Association "the FA".

By completing and returning such forms, both players, parents and/or guardians are agreeing to abide by all relevant polices and codes set out not only by the Club, but also the FA.

The following forms must be fully completed and returned to your manager as soon as possible:

- 1. Members form; and
- 2. Members subscription form and Direct Debit mandate.

Prior to and/or during the season, team managers and coaches will at times need to request copies of various documents relating to players, such as copies of birth certificates and passports for the purpose of registering the player to play in the relevant league.

Thank you for placing your trust in us as a club and we hope all players, parents/guardians enjoy the forthcoming season.

Yours faithfully,

Mark Rooke KYPC Chairman



### KILLINGWORTH YOUNG PEOPLES CLUB CONSTITUTION OVERVIEW



# MEMBERS DETAIL FORM - SEASON 2020 /2021

Any queries, please contact use by email at <a href="mailto:secretary@kypc.co.uk">secretary@kypc.co.uk</a>

Team Details	
Team Name:	Age Group:
Player Details	
Player Name:	
Date of Birth:	
Parent Guardian Details	
Parent/Guardian Name:	
Address:	
Post Code:	
Telephone Number:	
Mobile Number:	
Email Address:	
Emergency Contact Details	
Contact Name:	
Telephone Number:	
Mobile Number:	

# KILLINGWORTH YOUNG PEOPLES CLUB KYPC ET 1980

# KILLINGWORTH YOUNG PEOPLES CLUB CONSTITUTION OVERVIEW



# **Health Needs**

Does your child have any known Health needs or conditions, such as diabetes, asthma, epilepsy or any other allergies?	Yes	No
If yes please provide further details below. Please note asthma suffers should provide manager with a spare inhaler	de their te	eam
Current Medication		
Is your child on any medication that the Club and or team manager should know about?	Yes	No
If yes, please provide further details below		
Do Club members or the team manager need any additional medical training other than those delivered by the FA basic First Aid course to care for your child?	Yes	No
If yes, please provide further details below		
Does your child have any access needs?	Yes	No
If yes, please provide further details below		

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## Communication

Designated Person.

Does your child have any communication needs such as hearing/sight impairments, communicate by sign language, have dyslexia, or if English not their first language?	-	No
If yes, please provide further details below as to how we need to communicate with t	hem	
Tryes, please provide further details below as to now we need to communicate with the	nem -	
Religion and Culture		
Does your child participate in a religion or spiritual practice that you wish the Club to know about?	Yes	No
Please provide further details below		
Other needs		
Does your child have any special dietary preferences/needs?	Yes	No
If yes, please provide further details below		
Images		
During events, training, etc. the Club may wish to take photos or videos of the team of We adhere to the FA Guidelines to ensure these are safe and respectful and used so purposes they are intended for, which is promotion and celebration of the activities of training purposes.	olely for t	he
Please indicate if this is acceptable to you.	Yes	No

If you have any additional information which you wish to share with the club, please contact the club

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#### **Travel**

Arrangements will be made to collect and return children to specific pick up points. The Club's responsibility stops and starts at these points. It is your responsibility to arrange safe travel to and from the pickup points. If you are ever delayed in collecting your child please make every effort to contact the club contact or the escorting helpers so we can discuss arrangements for your child.

#### **Non-Football Activities**

There may be occasions when your child is involved in planned and structured non-football activities such as a trip to the cinema, bowling or participating in a fund raising event. The Club will have collected appropriate information in preparation for the activity (e.g. about the journey, the childrens' various needs and helper skills), identified any potential risks or dangers, minimised the risks and dangers by careful planning and precautions and made sure we know who is responsible for putting precautions into place (e.g. who will carry the First Aid kit). This process is called a risk assessment.

### **Remote Supervision**

There may be occasions when your child is involved in planned and structured unsupervised non-football activities (e.g. shopping trips whilst on tour). Players will only be permitted to participate in these activities if they are considered appropriate to do so. You will be informed prior to the event if any form of remote supervision will take place for such activities and the nature of these activities.

#### Water-based activities

There may be occasions when your child has the chance to be involved in planned and structured swimming activities. On such occasions appropriate supervision including qualified lifeguard cover will be provided.

I confirm that my son/daughter can swim 50 metres	Yes	No
I confirm that my son/daughter is confident in a pool	Yes	No
I confirm that my son/daughter is confident in the sea or in open inland water	Yes	No

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### **Consent of Legal Guardian**

By signing below, I provide consent for the information and conditions above to be used and allow my son/daughter to participate in Football Club events.

I accept that it is my responsibility to inform the Club directly of any changes to the details recorded on this form.

The information held within this form will not be used for any marketing and will not be shared with anyone that is not associated within an official capacity with KYPC to do so.

I confirm I have read and understood all of the Killingworth Young Peoples Club rules and guidance that we shall abide by.

Please tick <u>all</u> boxes to confirm all parents and players:

	LICK
Have completed all sections of the members form and provided the medical information requested	
Have read, understood and completed the Payment terms form & direct debit mandate if appropriate	
Have read and understood the FA's Young Players Code of Conduct	
Have read and understood the FA's Spectators and Parents/Carers Code of Conduct	
Have been provided with a copy of the FA's Coaches, Team Managers and Club Officials Code of Conduct	
Understand that my child's details will be available to the FA via the whole game website	

Print Name	
Sign	
Date	

## **Player's Consent**

By signing below, I agree to participate in the Club's events as detailed above and agree to adhere to guidelines and/or codes of conduct that may be issued in the interest of my own safety.

I also confirm I have read and understood all of the Killingworth Young Peoples Club rules and guidance that we shall abide by.

Please tick <u>all</u> boxes to confirm all parents and players:

	LICK
Have read and understood the FA's Young Players Code of Conduct	
	1

Print Name	
Sign	
Date	



### KILLINGWORTH YOUNG PEOPLES CLUB CONSTITUTION OVERVIEW



# **Team Manager**

I, the team manager confirm that all of the details are correct above and that I have received the following:

Please tick <u>all</u> boxes to confirm that you:

			Tick
Have received a pas	ssport photo of the team member (digital or hard copy):		
Have taken a copy of	of proof of age: Birth Certificate/Passport		
Have confirmed pay	ment method:		
	One-off of	cash/cheque payment	
	Initial payment and	a one-off Direct Debit	
	Initial payment followed by	8 months Direct Debit	
Have received eithe	r payment in full or a completed Direct Debit mandate (with initial p	payment)	
	Paid in ful	I and receipt provided	
	Paid £50 initial fee, Direct Debit completed correctly	and receipt provided	
You have taken the size of the strips needed for the team member:			
	Top Size:		
	Short Size:		
Manager's Name:			
Manager's			
Signature:			
Date:			

NOTE: If one or more of the above is not provided then the application maybe refused.