



## Paradise Football Club

Address: Dover Sports Complex, Dover, Christ Church:  
Correspondence: General Secretary Email: [paradisefootballclubinc@gmail.com](mailto:paradisefootballclubinc@gmail.com)

Player Barbados ID #: \_\_\_\_\_

First Name: \_\_\_\_\_

Insert Photo of the Player

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_

Email: \_\_\_\_\_

Mother's name. \_\_\_\_\_ Father's Name: \_\_\_\_\_

Tel. Number(s): Mother \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Tel. Number(s): Father \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Last Club / Team Played at: \_\_\_\_\_

Position on Field of Play: \_\_\_\_\_

Primary / Secondary/ Business : \_\_\_\_\_

### Medical Details

Doctor Name	
Address / Telephone	
Previous Illness	
Allergies to food	
Special diet required	

**There is a membership fee attached to all members of Paradise Football Club. This fee is the sum of \$40.00 dollars Barbados Currency to join the club and a Term Fee of \$90.00. This fee is due at the beginning of every term and is applied at all ages of the Club.**

Date of membership of Club ..... Parents/Player (+18) signature .....

**Code of Conduct for Paradise Football Club, Coaches, Players, Parents & Spectators.**

DO	DON'T
<ul style="list-style-type: none"> <li>• Study and stick to the Laws of the game at all times.</li> <li>• Play to the whistle unless someone is injured in which case put the ball out of play and take a knee.                             <ul style="list-style-type: none"> <li>• Practice &amp; improve your techniques to best your opponents by skillful NOT unfair methods.</li> </ul> </li> <li>• Play to win AND enjoy yourself AND take winning modestly and defeat graciously.</li> <li>• When playing or watching, praise skillful play by players of both teams.</li> <li>• Set good standards for others to follow. Be on time, polite and look after your boots and kit</li> </ul>	<ul style="list-style-type: none"> <li>• Argue with the Referee or Assistant referees.</li> <li>• Attempt to 'referee' the game by appealing for throw-ins, free kicks etc.                             <ul style="list-style-type: none"> <li>• Lose your self-control &amp; retaliate.</li> </ul> </li> <li>• Forget to retire 10 yards when a free kick is awarded against your side.</li> <li>• Criticize or use offensive language at other players, officials or spectators.</li> <li>• Leave pitch in a manner other than the way it was when we arrived.</li> </ul>

**Young People can expect adults to.....**

- give help, encouragement & support
- NOT embarrass them when watching
- give them examples of excellent behavior
- help them understand the rules
- praise effort and performance of both teams
- **Do not use drugs, if seen they will be release from club**
- leave coaching to managers & coaches!
- display patience & consistency

**WAIVER OF LIABILITY:**

By checking one of the boxes below, I the parent/guardian for the above child release, discharge and/or otherwise indemnify the organization/league/club for which I am registering the child to play, for Paradise Football Club, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of the registrant as a result of his or her participation.

By checking this box, I acknowledge that: I am the parent/guardian of the player authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent is accurate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL CONSENT FOR MEDICAL TREATMENT:**

By checking one of the boxes below, I give my consent to have an athletic trainer, coach paramedic, and/or Doctor of Medicine or dentistry provide medical assistance and/or treatment. I agree to be financially responsible for the reasonable cost of such assistance and/or treatment. This consent does not apply to major surgery unless surgery must be performed to treat an emergency condition. Attempts will be made to contact parents of players participating in the program based on information provided on this form.

By checking this box, I acknowledge that: I am the parent/guardian of the player authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent is accurate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This Document is for the Parents or Guardian of the applicant to kept

Signature of Parent: .....Date Player becomes a member: .....