



CHARTER
STANDARD
CLUBS



LETCHWORTH GARDEN CITY EAGLES Y.F.C.



ASSOCIATE MEMBERSHIP APPLICATION – 2008/9 SEASON

Name		email	
Address		Age group Or Team	
Tel number		Date of Birth	
Emergency Contact Number (Parent or Guardian)			

PLEASE STATE MEDICAL CONDITIONS (e.g. ASTHMA)

The Associate Membership Fee for this season is **£10.00**
Please make cheques payable to **Letchworth Garden City Eagles YFC**

I hereby apply for Associate Membership on behalf of the above named player for the season. We agree to abide by the LGC Eagles YFC Code of Conduct and rules – copies are available from the club website:-
<http://www.letchwortheagles.org.uk>

LETCHWORTH GARDEN CITY EAGLES Y.F.C., IT'S OFFICERS, COMMITTEE OR REPRESENTATIVES ARE UNDER NO LIABILITY WHAT SO EVER FOR LOSS OF PROPERTY, ACCIDENTS OR INJURIES HOWEVER CAUSED DURING TRAINING, MATCHES, TRAVEL TO AND FROM SAME, OR AT ANY CLUB ORGANISED EVENT.

*****SUBSCRIPTIONS ARE NOT NORMALLY REFUNDABLE.*****

Signature of Parent/Guardian: _____

Date: _____