



PLAYER DETAILS [PLEASE PRINT]			
Player's name		Date of birth	
Academy or team (delete as appropriate)	TEAM / ACADEMY	Year Group (e.g. 2006)	
Relevant medical conditions *			
Address & Post Code			

* You must highlight any relevant medical conditions to the respective coaches. Where medication is required, you should ensure that the coach has been shown how to dispense this medication. If the coach is unable or unwilling to do this, you must stay with your child at all times.

PARENT/EMERGENCY CONTACT DETAILS [PLEASE PRINT]	
Name	
Contact No. (Main)	
Contact No (Other)	
Main email Address	
2 nd Email Address	
Other contact info (use over if needed)	

SUBSCRIPTIONS	Annual	Per instalment	INSTALMENT DATES
Mini Kickers/Academy	£160	£40	1. Fri 7 Sept 2018 2. Thu 1 Nov 2018 3. Fri 1 Feb 2019 4. Mon 1 Apr 2019
Jane Ross Soccer Centre/u9 Girls	£160	£40	
Girls – u11 and above	£180	£45	
Disability Football	£200	£50	
Small Sided	£240	£60	
11-a-sides	£300	£75	

DIRECT DEBIT SCHEME

The club operates a direct debit scheme for subscription payments. This mandate form is available from the 'Contact Us' section of the club website. This and the registration form should be emailed to giffnocksc.operations@giffnocksoccercentre.com or posted to

Jan Airlie, Operations Officer, 74 Hillend Crescent, Clarkston, G76 7XX

FAMILY DISCOUNT

The club offers a discount for any family with more than one child at the club (full rate for the oldest, 20% off ALL younger children). If you would like to apply for this, please note the name(s) of your other children:

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VOLUNTEERING OPPORTUNITIES

We are always looking for volunteers with the club, whether that be coaching, administration, plumbers, accountants etc. If you have a small amount of time to spare and would like to help out, or would like more info, please tick (✓) below. Thank you.

I am interested in	Coaching		Helping behind the scenes	
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SIGNATURE

SIGNED		DATE	
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CHARITY GIFT AID DECLARATION – MULTIPLE DONATION

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation, please provide the information below for each player to confirm that you wish to Gift Aid your donation and tick the appropriate box

Academy, Girls and Disability Football	£20 per quarter
Small Sides	£30 per quarter
11-a-sides	£37.50 per quarter

GIFFNOCK SOCCER CENTRE (Scottish Charity SC041587)

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Player ID: (if known)	Player Name:
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My Details (details of the taxpayer)

Full name:	
Full Home Address:	Postcode:

SIGNED: _____

(PLEASE PRINT NAME) _____

Please notify Giffnock Soccer Centre if you a) want to cancel this declaration b) change your name or home address or c) no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.