



COLCHESTER UNITED SUPPORTERS ASSOCIATION
UNDER 18s REGISTRATION FORM

MEMBER DETAILS

NAME

DATE OF BIRTH

ADDRESS

HOME TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

EMAIL ADDRESS

PARENT/GUARDIAN CONTACT DETAILS

NAME

HOME TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

EMERGENCY/ALTERNATIVE TELEPHONE NUMBER

MEDICAL CONDITIONS

Do you suffer from any medical conditions? YES / NO (Please Circle)

If yes, please provide details

Do you take any medication? YES / NO (Please Circle)

If yes, please provide details



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OTHER

Please use this section for any other information that CUSA should be aware of.

DECLARATION

By signing below, I am declaring that all information is correct to the best of my knowledge and that I will inform CUSA of any changes to contact and medical details.

I have read and understood the CUSA Safeguarding Children Policy which accompanied this registration form.

SIGNATURE OF MEMBER

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

Please return by post to:

Mr M Cole, CUSA Membership Secretary, 7 Richardson Walk, Witham CM8 2UB

Or you can scan and email to:

membership@cusa.co.uk

The General Data Protection Regulation came into force from the 25th May 2018. We've updated our privacy policy, you'll find this at www.cusa.co.uk or a hard copy is available on request