



PLAYER REGISTRATION FORM
(PLEASE COMPLETE FORM IN BLOCK CAPITALS)

FULL NAME _____ DATE OF BIRTH _____
ADDRESS _____ TEL No _____

POST CODE _____

SCHOOL _____

EMERGENCY CONTACT
NAME _____
No _____

We (team name) _____ wish to register the above named player.
We certify that the details given hereafter by the Player and his Parent/Guardian are to the best of our knowledge and belief a true statement.

Signed _____ (Lead person / Contact))

LEAD PERSON/CONTACT MUST BE 18 YEARS OLD OR OVER

I _____ born on _____ am not a Registered Player of any other team in the Friday Night Youth 6-a-side League.

My Parent / Guardian, whose signature is below:

- a) Certifies that my statement is true and permits me to play on the understanding that the League is not liable should I receive any injury.
- b) Give permission for the person named above to receive emergency medical treatment if required.

SIGNED _____ (Player) DATE _____

SIGNED _____ (Parent/Guardian) DATE _____

If you would like to be put forward for the Duke of Edinburgh's Bronze Physical Award

please tick this box.



PLEASE RETURN THIS FORM TO THE ORGANISER ON THE NIGHT WITH A PHOTOCOPY OF YOUR BIRTH CERTIFICATE AND TWO PASSPORT SIZE PHOTOS.

