



PLAYER REGISTRATION FORM  
(PLEASE COMPLETE FORM IN BLOCK CAPITALS)

[Empty box]

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 ADDRESS BELOW WITH A PHOTOCOPY OF YOUR BIRTH CERTIFICATE AND TWO PASSPORT SIZE PHOTOS.**

Twin Oaks Football Promotions:  
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E: enquiries@twinoaksfootball.co.uk  
W: www.twinoaksfootball.co.uk

