

**PLEASE FIX
NEW
PASSPORT SIZE
PHOTOGRAPH
HERE**

PLAYER REGISTRATION APPLICATION FORM

Berkshire County Girls Football League

PLEASE COMPLETE USING BLACK INK & IN BLOCK CAPITALS & ENSURE PLAYER'S NAME &/OR ID No IS CLEARLY WRITTEN ON REVERSE SIDE OF PHOTOGRAPH
PLEASE NOTE A REGISTRATION FEE IS REQUIRED IN EVERY CASE & ARE PAYABLE TO

TEAMTALK 2000 LTD

& along with player registration documents are to be sent to ...
34 Birfield Road, Loudwater, High Wycombe, Bucks HP10 9TW

EXACT PHOTOSTAT COPY OF BIRTH CERTIFICATE TO BE ATTACHED

I hereby express my intention to play for the club name below during the season 12/13



NEW REGISTRATIONS - Section A

Surname: _____ DOB: _____

Forename (1): _____

Forename (2): _____

Address: _____

Post Code: _____

Email address: _____

Club / Team Name: _____

Tel No: _____

Mobile: _____

**DOB Ranges are not applicable
however players must be at least
8 years of age to participate**

10 01/09/2002 -> 31/08/2004

11 01/09/2001 -> 31/08/2003

12 01/09/2000 -> 31/08/2002

13 01/09/1999 -> 31/08/2001

15 01/09/1997 -> 31/08/1999

Player's Signature: _____

TRANSFER - Section B

I (print name of player) _____ ID No _____

of (current club) _____ wish to apply for a transfer to

(new club) _____

Player's signature _____ Date _____

The above player has discharged his liabilities to _____ (current club) and we agree to the transfer.

Signed (Senior officer of current club) _____ Position _____

RENEWAL - Section C

I (print name of player) _____ ID No _____

wish to renew my registration with (club) _____

I understand that if my application is successful I will **NOT** be allowed to play for my new club for 5 days from receipt of documentation.

Player's signature _____ Date _____

Club Secretary: On behalf of our club I hereby authorise this registration. Signed _____

TEAM MANAGER

I hereby confirm that the player's details are correct and I undertake on behalf of my club to:

- Ensure that this player is not played in any match whilst carrying an injury, or when a doctor has advised otherwise.
- Ensure that this player does not play in more than one competitive game in any day for this league.
- If the club receives notice that this player has already competed in any match on the same day as he is due to play a competitive match for this league the effects of playing more than one game in one day will be fully considered before I authorise this player to be played in any competitive match for this league.

Signature of team manager _____

PARENT/GUARDIAN

I hereby confirm that the player's details are correct and I acknowledge that my personal responsibilities are as follows:

- To ensure that my child does not play whilst carrying an injury or where there will be any detrimental effect on their health.
- I acknowledge that if I allow my child to play in more than one competitive game on the same day, I will be responsible for any health or injury problems that may arise.

Signature of Parent / Guardian _____