



PLAYERS REGISTRATION FORM

PLEASE RETURN WITH
TWO PASSPORT SIZE
PHOTOGRAPHS.
REGISTRATION WILL BE
INVALID WITHOUT TWO
PASSPORT SIZE
PHOTOGRAPHS

It is confirmed that the Players information on this form will ONLY be used by the Team Manager and the LDR and is collected only for the purpose of running the Testway Youth Football League. It will NOT be used other than this without the expressed permission of the Parent or Guardian.

I REQUEST TO BE A REGISTERED PLAYER WITH

TEAM NAMEFC

IN THE UNDER.....'s AGE GROUP

PLAYERS NAME (Block Capitals)

ADDRESS (Block Capitals)

Post Code Home Tel (inc STD).....

Mobile.....

E-Mail

Date of Birth (Proof may be required) / / Age at 31st August

School you will be Attending from September

Any Serious Illnesses

Any Medication That You May Require.....

Emergency Contact Tel Number (1) (2)

Relationship (Contact 1) Relationship (Contact 2)

IF YOU HAVE BEEN REGISTERED WITH ANY OTHER TEAM WITHIN THE LEAGUE IN THE CURRENT SEASON PLEASE STATE TEAM AND AGE GROUP (not applicable if signed prior to start of Season)

The League will possibly be entering Teams in **Representative Competitions**

This will give Players the Opportunity to Play at a Higher Level

I WOULD / WOULD NOT* Like to be considered for Representative Football (*delete at appropriate)

Last club..... Other clubs this season.....

Has the player ever played or registered with a club outside England*? Yes /

No (* This includes Scotland, Wales, Northern Ireland and the Republic of Ireland)

If "Yes" has the Player obtained an International Transfer Certificate from the FA? Yes/No

Approximate date.....

I understand that whilst every care will be taken by the Officials of the Club to ensure that Players are properly looked after, it must be remembered that Football is a Physical Game and from time to time Injuries do occur. It is of course rare for these injuries to be more than superficial. However, it MUST be accepted that the **Testway Youth League** or the Club named above cannot be held responsible for any injuries that may be incurred.

Players Signature Date/...../.....

Parent / Guardian Name (Block Capitals)

Parent / Guardian Signature

Club Manager Name..... Signature Date/...../.....

League Official Name Signature Date/...../.....