

IMPORTANT

A player who applies to compete in this league will not be deemed as fully registered until a digital photograph has been taken and is on file with the League Registration Secretary



COLCHESTER & DISTRICT YOUTH FOOTBALL LEAGUE

Season 2017-18

** NEW/EXISTING PLAYER REGISTRATION FORM

** Please Delete As Appropriate

PLEASE USE BLOCK CAPITALS ONLY

New players registering for this league, must provide a copy of the players

Birth Certificate. This form will be rejected if we do not have a computer record of the player.

PLAYERS DETAILS

First Name: (Middle Names are NOT Required) Reg ID NO: CY.....

Surname: (Surname must be the same as on Birth Certificate)

Date of Birth: Day: Month: Year: (Required Information)

Address:

..... Post Code:

Home Tel No. School/College:

MEDICAL DATA

Serious Medical Conditions:

Emergency Contact No:

CLUB DETAILS

Team Code should show squad name, e.g. Blue, Red, Yellow, White etc.

Club: Team Colour: Age Group: U.....

CONSENT

"We, the undersigned, agree to abide by the Rules of the COLCHESTER & DISTRICT YOUTH FOOTBALL LEAGUE and declare that all information entered on this sheet is correct.

We understand that any person found to have falsified registration information will become subject to League disciplinary action.

In addition to this, we are also aware that the COLCHESTER & DISTRICT YOUTH FOOTBALL LEAGUE and/or the club named above are excluded from all liability or responsibility for any loss or damage, however or wherever caused."

Signature of Player: Date:

Signature of Parent/Guardian: Date:

Signature of Club Secretary/Chairman: Date:

YOU MUST RETURN 2 COPIES OF THIS DOCUMENT.

THIS FORM MUST ONLY BE RETURNED TO THE LEAGUE

REGISTRATION SECRETARY

BY THE CLUB SECRETARY or CHAIRMAN NOT A PARENT OR PLAYER

