

**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 2011-12*

**\*\* 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 Code: ..... 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**

