

# 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 2018-19

### \*\* 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: .....

Tel No's. .... School/College: .....

### MEDICAL DATA

Serious Medical Conditions: .....

Emergency Contact No: .....

### CLUB DETAILS

\* Team Colour, e.g. Blue, Red, Yellow, White, Green.

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

