

Player Registration Form



Please note that this form must be completed correctly by the Player and Parent/Legal Guardian. Failure to do so will lead to a delay in this application form being processed

Details supplied within this form are subject to data protection

The League Management Committee will hold these details solely for the administration of the competition and will not pass on any information to other bodies/agencies without the express permission of the Player and Parent/Legal Guardian

The Player Registration Fee must be submitted with this form

All forms are available to download from C&DJFL web site <http://full-time.thefa.com/>

Registration Secretary
Neil Morgan
Whirlow Court
Ecclesall Road South
Sheffield
South Yorkshire
S11 9PZ

Tel: 07891 087 512
Email: neilatchester@lineone.net

| | | |
|--|---|--|
| Mini-Soccer Division <input type="checkbox"/> | Junior Division <input type="checkbox"/> | Girls Soccer Division <input type="checkbox"/> <i>(Please tick)</i> |
| Club Name..... | | Under..... |
| Team Name..... | | Your Age..... |
| Players Name..... | | DOB..... |
| Address..... | | |
| | | Post Code..... |
| Telephone No..... | | |
| Emergency Contact No..... | | |
| Allergies/Medical Condition..... | | |
| | | |
| Have you played for a different club in this league | | Yes / No |
| If yes what was the name of the club..... | | |
| Your Unique Player Number (UPN)..... | | |

PASSPORT PHOTO'S CUT TO SIZE OF THIS BOX & GLUED HERE

PASSPORT PHOTO'S CUT TO SIZE OF THIS BOX & GLUED HERE

DECLARATION

I confirm that the details supplied above are correct and agree to abide by the rules as laid down by the FA, The Chester & District Junior Football League and the club for whom I play/support. (Players aged twelve and over and living in North Wales must supply a valid International Clearance Certificate for the inspection of the League Registration Secretary).

I confirm that I understand the conditions of my registration and have enclosed the appropriate Registration fee along with 2 passport photographs and a copy of my original Birth Certificate/Passport/Medical Card to corroborate my date of birth. (Only required when first registering with the League). I also confirm that I am not registered to play for a club/team playing in the North Wales FA area. (No player can register to play in this league if they are already registered to play in the North Wales area.)

We give permission for the League Press Secretary or person acting on his/her behalf to photograph/video our child and understand that such images may be used in the local media to publicise the league. N/B Only group images will be used and no personal details will be submitted.

We understand that if a player is found guilty of misconduct the Cheshire County FA and C&DJFL may impose a fine and/or suspensions on that player.

We understand that no 'Category A' classed player (A player that has signed a contract to play at School of Excellence or Academy level) can play in this Junior Division.

I give permission for an accredited league official to administer first aid to my child should the need arise.

Player's Signature..... Print Name.....

Parent/Legal Guardian's Signature..... Print Name.....
(By registering the above child in this league you agree to abide by the codes of conduct of this league and its rules and regulations)

Cheques should be made payable to: **Chester & District Junior Football League**

OFFICIAL USE ONLY

I confirm that the player has supplied a copy of their original Birth Certificate/Passport/Medical Card to prove his/her date of birth for my inspection. I have also received the current Registration Fee and 2 Passport Photographs. The above named player has correctly completed the Registration form and is now eligible to play in this competition.

Signed.....(League Registration Secretary) Date..... Unique Player Number.....