

**PLEASE FIX
NEW
PASSPORT SIZE
PHOTOGRAPH
HERE**

PLAYER REGISTRATION APPLICATION FORM

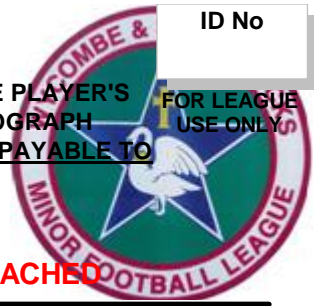
Wycombe & South Bucks Minor Football League

PLEASE COMPLETE USING BLACK INK & IN BLOCK CAPITALS & ENSURE PLAYER'S NAME &/OR ID No IS CLEARLY WRITTEN ON REVERSE SIDE OF PHOTOGRAPH
PLEASE NOTE A REGISTRATION FEE IS REQUIRED IN EVERY CASE & ARE PAYABLE TO

TEAMTALK 2000 LTD

& along with player registration documents are to be sent to ...
1 Rushburn, Wooburn Green, High Wycombe, Bucks HP10 0BT

EXACT PHOTOSTAT COPY OF BIRTH CERTIFICATE TO BE ATTACHED



I hereby express my intention to play for the team name below during the season 15/16

NEW REGISTRATIONS - Section A

Surname: _____ DOB: _____
Forename (1): _____ Forename (2): _____
Address: _____
Tel No: _____
Post Code: _____ Mobile: _____
Email address: _____

Full Team Name (ie: distinguishing it from any other team playing within this league):

DOB Date Ranges (inclusive) Eldest -> Youngest - Genders		
12	01/09/2003 -> 31/08/2005	Mixed
13	01/09/2002 -> 31/08/2004	Mixed
14	01/09/2001 -> 31/08/2003	Mixed
15	01/09/2000 -> 31/08/2002	Mixed
16	01/09/1999 -> 31/08/2001	Mixed

Players signature _____

TRANSFER - Section B

I (print name of player) _____ ID No _____
of (current club) _____ wish to apply for a transfer to
(new club) _____

Player's signature _____ Date _____
The above player has discharged his liabilities to _____ (current club) and we agree to the transfer.
Signed (Senior officer of current club) _____ Position _____

RENEWAL - Section C

I (print name of player) _____ ID No _____
wish to renew my registration with (club) _____
Player's signature _____ Date _____

Club Secretary: On behalf of our club I hereby authorise this registration. Signed _____

If crossing the under 15 threshold please attach new current passport-sized photograph above

TEAM MANAGER

I hereby confirm that the player's details are correct and I undertake on behalf of my club to:

- Ensure that this player is not played in any match whilst carrying an injury, or when a doctor has advised otherwise.
- Ensure that this player does not play in more than one competitive game in any day for this league.
- If the club receives notice that this player has already competed in any match on the same day as he is due to play a competitive match for this league the effects of playing more than one game in one day will be fully considered before I authorise this player to be played in any competitive match for this league.

Signature of team manager _____

PARENT/GUARDIAN

I hereby confirm that the player's details are correct and I acknowledge that my personal responsibilities are as follows:

- To ensure that my child does not play whilst carrying an injury or where there will be any detrimental effect on their health.
- I acknowledge that if I allow my child to play in more than one competitive game on the same day, I will be responsible for any health or injury problems that may arise.

Signature of Parent / Guardian _____

**** PLEASE NOTE: A PLAYER MUST HAVE REACHED THE AGE OF 10 ON OR BEFORE 31/08/2015 TO PLAY IN THIS LEAGUE ****