



MEDWAY MESSENGER YOUTH LEAGUE PLAYER REGISTRATION APPLICATION FORM

(TO BE COMPLETED BY THE PLAYERS PARENT OR CARER)

FULL NAME OF PLAYER: - _____

The Football Association & League will hold all information on this form in a central database and information will NOT be passed to third parties. PLEASE COMPLETE IN BLOCK CAPITALS AND IN INK
Please provide the following information to ensure that your details are not entered into this database more than once:

HOME ADDRESS: - _____

POST CODE: - _____

DATE OF BIRTH (DD/MM/YYYY):- _____

MOTHER'S MAIDEN NAME: - _____

PLACE (TOWN) OF BIRTH: - _____

Any known medical condition or ailment: - _____

The Above Named Player Wishes To Register For _____ UNDER ___ 'S

Previous club player was registered for (if different) _____ YEAR _____

I declare that the above named player is not registered for any other team at this moment in time.

I understand that if the above named player is registered for another team in this or any other Youth League, a transfer form must be completed.

I understand that if the above named player wishes to play for another team, not in this league, a deregistration form must be completed.

I understand that if the above named player is asked to register with a school of excellence or academy, a deregistration form must be completed.

I understand that if the above named player is asked to join a school of excellence for a trial period the school of excellence will control what games the above named player is allowed to play in until the trial period is over, at present the trial period is limited to six weeks.

ANY BREACHES OF THE ABOVE WILL RESULT IN THE ABOVE NAMED PLAYER BEING DEEMED INELIGIBLE FOR ANY GAMES HE/SHE PLAYS IN, IN THIS LEAGUE'S COMPETITIONS.

SIGNATURE OF PLAYER: - _____

SIGNATURE OF PARENT / CARER: - _____

PRINTED NAME OF PARENT / CARER: - _____

I confirm that I have checked the above details and have had sight of an original birth certificate of the above named player.

SIGNATURE OF CLUB REPRESENTATIVE: - _____

PRINTED NAME OF CLUB REPRESENTATIVE: - _____

POSITION HELD IN CLUB _____

Photographs should be:

1. Passport style ie: 35x 45mm
(Digital photos permissible, but not photocopies)
2. Current & Identical Photos only
3. Head & shoulders only
4. No Caps or Hats
5. No hand gestures

Incorrect or incomplete forms will not be accepted

ADHERE
PHOTOGRAPH 1
HERE

PAPERCLIP
PHOTOGRAPH 2
HERE