WALLASEY JUNIOR FOOTBALL LEAGUE

2016/2017 REGISTRATION DETAILS FOR JUNIOR SECTION OF THE LEAGUE

PLAYERS DETAILS	THE PLAYER IS NOT ELIGIBLE TO PLAY UNTIL THE CLUB SECRETARY IS IN RECEIPT OF THE PLAYER'S REGISTRATION CARD.		
Age Group:			
Player's Name:	The Club Secretary by signing this form agrees that the date of		
Date of Birth://	birth and all other details are as stated and that he/she will be held accountable to the league should this information be proven to be incorrect.		
Address:			
Post Code:	All parts of the form MUST BE COMPLETED IN INK. First names are required, initials will not be accepted.		
Serious Medical Condition/Disability:	Where necessary please enclose a COPY Birth Certificate or		
Emergency Contact No	Passport to confirm date of birth. DO NOT SEND ORIGINAL DOCUMENTS		
DECLARATION : The player by signing this Registration form is declaring that he/she does not play for any other club or team in this League, that his/her details are correct (including any serious medical conditions) and that he/she is aware of these points. The player must agree to abide by the League Rules before	Any form submitted NOT FULLY COMPLETE or without the appropriate FEE or without TWO current passport size photographs affixed (<u>not stapled</u>) WILL BE RETURNED and the registration will not be considered until the FULLY COMPLETED form has been re-presented.		
playing in any WJFL Cup competition.	TEAM MANAGERS MUST HAVE THE REGISTRATION CARD AT ALL GAMES ORGANISED BY WJFL.		
SEND TO THE REGISTRATION SECRETARY FOR BOYS			
A STAMPED SELF-ADDRESSED ENVELOPE MUST BE EN	ICLOSED FOR THE RETURN OF THE REGISTRATION CARD		

CUT ACROSS	THIS LINE AND RETAIN	TOP PORTION FOR YOUR FILES	
WALLASEY JFC(Junior Section) 2016/17 PLAYERS REGISTRATION FORM		WALLASEY JFC (Junior Section) Affiliated to Wirral and Cheshire Associations	
Under Division: Club Team Name (if applicable) Player's First Name(s)(PRINT) Player's Surname (PRINT) Date of Birth// Date of S		2016/17 PLAYERS REGISTI Under Division: Club Team Name (if applicable) Player's First Name(s)(PRINT) Player's Surname (PRINT) Date of Birth/ Date of Si	
Full Address		School	
Post Code (MUST BE INCLUDED) School Class/Year (as of Sept 2016) Club last signed for (Must be completed) Season last signed: 20/	Photo No 1 Current Passport Size and MUST NOT exceed this area	Class/Year (as of Sept 2016) Any Serious Medical Condition/Disabilit Emergency Contact Number(s):	
Signature of Player: Signature of Parent/Guardian: Name of Parent/Guardian (PRINT):		TEAM MANAGERS MUST HAVE THIS REGISTRATION CARD AT ALL GAMES ORGANISED BY WJFL Registrars Signature:	
Signature of Secretary	Reg No:	Date:/	Reg No: