WALLASEY JUNIOR FOOTBALL LEAGUE

2017/2018 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 Age Group: ______ CARD. Player's Name: The Club Secretary by signing this form agrees that the date of birth and all other details are as stated and that he/she will be Date of Birth: ____/____ held accountable to the league should this information be proven to be incorrect. All parts of the form MUST BE COMPLETED IN INK. First names Post Code: _____ are required, initials will not be accepted. Serious Medical Condition/Disability: _____ Where necessary please enclose a COPY Birth Certificate or Passport to confirm date of birth. DO NOT SEND ORIGINAL Emergency Contact No. _____ **DOCUMENTS DECLARATION**: The player by signing this Registration form is Any form submitted NOT FULLY COMPLETE or without the declaring that he/she does not play for any other club or team appropriate FEE or without TWO current passport size in this League, that his/her details are correct (including any photographs affixed (not stapled) WILL BE RETURNED and the serious medical conditions) and that he/she is aware of these registration will not be considered until the FULLY COMPLETED form has been re-presented. The player must agree to abide by the League Rules before 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 ENCLOSED FOR THE RETURN OF THE REGISTRATION CARD ----- CUT ACROSS THIS LINE AND RETAIN TOP PORTION FOR YOUR FILES---------WALLASEY JFC(Junior Section) WALLASEY JFC (Junior Section) 2017/18 PLAYERS REGISTRATION FORM Affiliated to Wirral and Cheshire Associations 2017/18 PLAYERS REGISTRATION CARD Under ____ Division: Club ______ Under ____ Division: Club _____ Team Name (if applicable) Team Name (if applicable) Player's First Name(s)(PRINT) Player's First Name(s)(PRINT)_____ Player's Surname (PRINT)_____ Player's Surname (PRINT) Date of Birth ___/___ Date of Signing ___/___/ Date of Birth ___/___ Date of Signing ___/___ Full Address School _____ Post Code _____ (MUST BE INCLUDED) Class/Year (as of Sept 2017)_____ Photo No 2 School _ Photo No 1 Current Current Any Serious Medical Condition/Disability Class/Year (as of Sept 2017)___ **Passport Size** Passport Size Club last signed for (Must be completed) and and MUST NOT **MUST NOT** Emergency Contact Number(s): exceed this area Season last signed: 20 / exceed this area Signature of Player:_____ **TEAM MANAGERS MUST HAVE THIS REGISTRATION** CARD AT ALL GAMES ORGANISED BY WJFL Signature of Parent/Guardian: _____ Name of Parent/Guardian (PRINT): _____ Registrars Signature: _____

Reg No:

Date: ____/___

Reg No:

Signature of Secretary