

WALLASEY JUNIOR FOOTBALL LEAGUE

2016/2017 REGISTRATION DETAILS FOR MINI SOCCER

PLAYERS DETAILS

Age Group: _____

Player's Name: _____

Date of Birth: ____/____/____

Address: _____

Post Code: _____

Serious Medical Condition/Disability: _____

Emergency Contact No. _____

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 playing in any WJFL Cup competition.

THE PLAYER IS NOT ELIGIBLE TO PLAY UNTIL THE CLUB SECRETARY IS IN RECEIPT OF THE PLAYER'S REGISTRATION CARD.

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 held accountable to the league should this information be proven to be incorrect.

All parts of this form **MUST BE COMPLETED IN INK**. First names are required, initials will not be accepted.

Where necessary please enclose a **COPY** Birth Certificate or Passport to confirm date of birth. **DO NOT SEND ORIGINAL DOCUMENTS**

Any form submitted NOT FULLY COMPLETE or without the appropriate FEE or without TWO current passport size photographs affixed (not stapled) WILL BE RETURNED and the registration will not be considered until the FULLY COMPLETED form has been re-presented.

TEAM MANAGERS MUST HAVE THE REGISTRATION CARD AT ALL GAMES ORGANISED BY WJFL.

SEND TO THE REGISTRATION SECRETARY FOR MINI SOCCER

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 (Mini Soccer Section)

2016/17 PLAYERS REGISTRATION FORM

Under ____ Division: Club _____

Team Name (if applicable) _____

Player's First Name(s) **(PRINT)** _____

Player's Surname **(PRINT)** _____

Date of Birth ____/____/____ Date of Signing ____/____/____

Full Address _____

Post Code _____
(MUST BE INCLUDED)

School _____

Class/Year (as of Sept 2016) _____

Club last signed for (Must be completed) _____

Season last signed: 20__/____

Signature of Player: _____

Signature of Parent/Guardian: _____

Name of Parent/Guardian **(PRINT):** _____

Signature of Secretary

Reg No:

Photo No 1
Current
Passport Size
and
MUST NOT
exceed this area

WALLASEY JFC (Mini Soccer Section)

Affiliated to Wirral and Cheshire Associations

2016/17 PLAYERS REGISTRATION CARD

Under ____ Division: Club _____

Team Name (if applicable) _____

Player's First Name(s) **(PRINT)** _____

Player's Surname **(PRINT)** _____

Date of Birth ____/____/____ Date of Signing ____/____/____

School _____

Class/Year (as of Sept 2016) _____

Any Serious Medical Condition/Disability _____

Emergency Contact Number(s): _____

Photo No 2
Current
Passport Size
and
MUST NOT
exceed this area

TEAM MANAGERS MUST HAVE THIS REGISTRATION CARD AT ALL GAMES ORGANISED BY WJFL

Registrars Signature: _____

Date: ____/____/____

Reg No: