

WALLASEY JUNIOR FOOTBALL LEAGUE

2019/2020 REGISTRATION DETAILS FOR JUNIOR SECTION OF THE LEAGUE

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 the 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 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-----

<u>WALLASEY JFC(Junior Section)</u> 2019/20 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 _____	
School _____ (MUST BE INCLUDED)	
Class/Year (as of Sept 2019) _____	
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: _____	

<u>WALLASEY JFC (Junior Section)</u> <i>Affiliated to Wirral and Cheshire Associations</i> 2019/20 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 2019) _____	
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: _____	