



THE ROWSLEY & DISTRICT YOUTH FOOTBALL LEAGUE

EMERGENCY PLAYER REGISTRATION FORM
(Only to be used when Teams have less than 11 Players)

Team Signing for: _____ FC Under _____s

Player's name: (Block Letters) _____

Player's Address: _____
_____ Post Code: _____

School Attending: _____ Date of Birth ___/___/___

Previous R&DYL Team: (If any) _____ FC Under _____s

Parents/Guardian Sig. : _____ Manager/Secretary's Sig. : _____

I confirm that the above named player is eligible to play in the age group specified. I also understand the need to obtain personal injury insurance cover and that the League Management Committee cannot be held responsible for any injury howsoever caused whilst playing in the Rowsley & District Youth League.

ALL SECTIONS MUST BE COMPLETED, TO BE RECEIVED BY THE REGISTRAR WITHIN THREE WORKING DAYS - Please send this form to the appropriate League Registrar - **AND NO-ONE ELSE**

Medical Details

If a player has any known serious medical conditions they must be declared below and such information along with an emergency contact number must be available at ALL fixtures.

Medical Details: _____

Emergency Contact Number: _____

CHECKLIST FOR MANAGER/SECRETARY

Copy of players Birth Certificate or Medical Card Enclosed ? Tick _____

Two Up-To-Date Passport style Photographs Enclosed ? Tick _____

ALL OF THIS FORM COMPLETED AND SIGNED WITH A STAMPED
ADDRESSED ENVELOP FOR RETURN OF I.D. CARD ? Tick _____

MATCHDAY OPPOSING OFFICIAL

Ensure that all above is completed, however, photo's and birth certificate etc. are not required to be checked on the day as these will be checked by the Registrar on receipt. Also ensure that the Player's Name appears on your Teamsheet.

Date of Signing ___/___/___ Oposing Official Signature _____

OFFICIAL USE ONLY

Date Received by League Registrar ___/___/___

League Registrar's Signature _____

POST TO : Mr George Elliott, U10-U18 Registrar, Rowsley & District Youth Football League,
12, Rother Croft, New Tupton, Chesterfield S42 6BE.