



THE ROWSLEY & DISTRICT YOUTH FOOTBALL LEAGUE

SMALL SIDED (MINI) SOCCER REGISTRATION FORM 20 / 20 SEASON

Players Name _____ Players Signature _____ D.o.B ___/___/___
(Block Letters)

Players Address _____ Post Code _____

School Attending _____ Head Teacher (Sign) _____

Parent/Guardian Signature _____ Manager/Secretary's Signature _____

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.

Team Signing For _____ FC Under _____ s

Date of Signing ___/___/___ (See note below for eligibility)

SEC/MANAGER Note: This form must be sent to the relevant League Registrar-NO-ONE ELSE

ELIGIBILITY: For players to be valid for the First Saturday/Sunday of the new season the Registrar must have received this form by the Saturday previous. Thereafter this form to be received by the Registrar by the WEDNESDAY prior to the Saturday/Sunday the player is eligible to play.

PLAYERS MUST HAVE ATTAINED SEVEN YEARS OF AGE AND BELOW NINE YEARS AS AT MIDNIGHT ON 31ST AUGUST FOR THE 7/9 AGE GROUP AND MUST HAVE ATTAINED EIGHT YEARS OF AGE AND BELOW TEN AT MIDNIGHT ON 31ST AUGUST FOR THE 8/10 AGE GROUP.

NO PLAYER CAN PLAY UNTIL HIS CLUB HAS RECEIVED HIS ID CARD

CHECKLIST FOR SECRETARIES

Copy of players Birth Certificate or Medical Card enclosed ? Yes/No

Two Up-To-Date Passport Style photographs enclosed ? Yes/No

All of this form completed and signed with a S.A.E for return of ID Card ? Yes/No

DO NOT SEND THIS FORM UNLESS ALL ABOVE ARE COMPLETED

MEDICAL DETAILS

If a players 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: _____

RE- REGISTRATION

If a player already registered from previous season then complete ALL ABOVE as well as NAME and REGISTRATION NO. below. No Birth Certificate etc. or photographs are required if you are currently in possession of the players ID card.

Name of Player _____ Registration No _____

OFFICIAL USE ONLY

Registrar Signature _____ Date Received _____

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