



THE ROWSLEY & DISTRICT YOUTH FOOTBALL LEAGUE

OFFICIAL PLAYER REGISTRATION FORM SEASON 20 /20

Players Name : _____ Players Signature : _____
(Block Letters)

Players Address : _____ Post Code : _____

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

Previous R&DYL Team : _____ FC Under : _____s

Parent/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.

Team Signing For : _____ FC Under : _____s

Date of Signing : ____/____/____ (See note below for eligibility)

SEC/MANAGER Please note: This form must be sent to the League Registrar and NO-ONE ELSE

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

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 Stamped Addressed Envelope 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 is already registered from the 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 - **EXCEPT** players competing in **UNDER 12 & 15** age groups when **TWO** Up-To-Date photo's must be supplied.

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.