THE ROWSLEY & DISTRICT YOUTH FOOTBALL LEAGUE

TEAM REGISTRATION FORM SEASON 20 /20

This form to be completed by players registering with the same team as previous season only and returned to the relevant **REGISTRAR** prior to **1st August**. All subsequent player registrations (along with any new player registrations) on the 'OFFICIAL PLAYER REGISTRATION' or 'SMALL SIDED SOCCER REGISTRATION' forms as applicable.

CLUB NAME :_____ **AGE GROUP** :_____

PLAYERS NAME (Block Letters)	PLAYERS SIGNATURE	REG. No.	D. O. B.	PARENT/GUARDIAN SIGNATURE

I confirm that the above named players are 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.

COMPLETED FORM TO BE WITH THE REGISTRAR PRIOR TO 1st AUGUST

Secretary/Manager's Signature_____ Date_____

UNDER 12's AND 15's MUST ALSO SUPPLY A NEW PHOTOGRAPH WITH THIS FORM FOR EACH PLAYER

A STAMPED ADDRESSED ENVELOPE **MUST** BE SENT WITH THIS FORM TO ENABLE RETURN OF ACKNOWLEDGEMENT

ACKNOWLEDGEMENT OF PLAYERS' REGISTRATIONS

Secretary/Manager please note: The above numbers must be duplicated below to confirm **your** player is registered

SIGNED : _____ **(REGISTRAR)** **DATE** :_____

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