

# HORSHAM AND DISTRICT YOUTH FOOTBALL LEAGUE REGISTRATION FORM 2017/2018

All sections of this form should be completed in **BLOCK CAPITALS** and returned to your child's team manager along with all other documents required by the Club in order for registration with the above League to be completed.

This form will be checked by a League official when requested.

SURNAME..... FORENAMES.....

DOB.....

ADDRESS.....

POSTCODE.....

AGE AT MIDNIGHT ON 31<sup>ST</sup> AUGUST 2017.....

LAST SEASON I WAS REGISTERED WITH THE FOLLOWING HDYFL TEAM: .....

IS COPY EVIDENCE OF BIRTH INCLUDED WITH THIS FORM\* YES/NO BIRTH CERT/PASSPORT

(\*Only required if not provided to the Club last season)

HAS THE ABOVE PLAYER PLAYED FOR OR REGISTERED WITH A CLUB OUTSIDE OF ENGLAND\*\* YES/NO

(\*\* This includes clubs playing in Scotland, Wales, Northern Ireland and the Republic of Ireland)

IF YES HAS THE PLAYER OBTAINED AN INTERNATIONAL TRANSFER CERTIFICATE FROM THE FA YES/NO

CLUB NAME ..... AGE GROUP: UNDER.....

DOES THE ABOVE PLAYER HAVE ANY KNOWN SERIOUS MEDICAL CONDITION/ALLERGIES YES/NO

IF YES PLEASE STATE DETAILS AND TREATMENT :

.....  
.....

## PARENTAL CONSENT

BEING THE PLAYER'S PARENT/GUARDIAN I CONFIRM THE ACCURACY OF THE ABOVE INFORMATION AND AGREE TO THIS REGISTRATION.

NAME..... SIGNATURE .....

MY EMERGENCY CONTACT DETAILS ARE .....

## PLAYER AGREEMENT

NAME ..... SIGNATURE .....

### Club Use Only (Club secretary / Registration Secretary)

I ..... (FULL NAME) BEING AN OFFICIAL OF ..... FC CONFIRM THAT THE ABOVE PLAYER AND THEIR PARENT/GUARDIAN HAS SIGNED THIS FORM. THEY HAVE ALSO AGREED TO ABIDE BY THE CLUB'S/LEAGUE'S CODE OF CONDUCT AND THAT THEY ARE AWARE OF THE FA RESPECT CAMPAIGN.

I CONFIRM THAT I HAVE SEEN COPY EVIDENCE OF BIRTH.

SIGNED .....

CAPACITY IN CLUB ..... DATE .....