

REGISTRATION APPLICATION FORM - JUNIORS  
**Wycombe & South Bucks Minor Football League**

ID No

FOR LEAGUE  
USE ONLY

**PLEASE FIX  
NEW  
PASSPORT SIZE  
PHOTOGRAPH  
HERE**

PLEASE COMPLETE USING BLACK INK & IN BLOCK CAPITALS &  
ENSURE PLAYER'S NAME &/OR ID No IS CLEARLY WRITTEN ON  
REVERSE SIDE OF PHOTOGRAPH

**PLEASE NOTE A REGISTRATION FEE IS REQUIRED IN EVERY CASE AS PER RULE 8E.  
EXACT PHOTOSTAT COPY OF BIRTH CERTIFICATE TO BE ATTACHED**

I hereby express my intention to play for the club name below during the season  
06/07 and declare that on 31/08/2006 I qualify to play in the age group ticked ...

**NEW REGISTRATIONS - Section A**

Surname: \_\_\_\_\_ DOB: \_\_\_\_\_  
Forename (1): \_\_\_\_\_ Gender: Male / Female  
Forename (2): \_\_\_\_\_ Tel No: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Post Code: \_\_\_\_\_  
Email address: \_\_\_\_\_

D	DOB Date Ranges (inclusive)
11	01/09/1995 -> 31/08/1996
12	01/09/1994 -> 31/08/1996
13	01/09/1993 -> 31/08/1995
14	01/09/1992 -> 31/08/1994
15	01/09/1991 -> 31/08/1993
16	01/09/1990 -> 31/08/1992

H Club: \_\_\_\_\_ H

PLEASE TICK BOX IF YOU DO **NOT** WANT TO RECEIVE MAIL FROM TEAMTALK

Player's Signature: \_\_\_\_\_

**TRANSFER - Section B**

I (print name of player) \_\_\_\_\_ ID No \_\_\_\_\_  
of (current club) \_\_\_\_\_ wish to apply for a transfer to  
(new club) \_\_\_\_\_ (age group) \_\_\_\_\_

I understand that if my application is successful I will NOT be allowed to play for my new club for 7 days from the date of the transfer.

Player's signature \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

The above player has discharged his liabilities to \_\_\_\_\_ (current club) and we agree to the transfer.

Signed (Senior officer of current club) \_\_\_\_\_ Position \_\_\_\_\_

If crossing the under 14 threshold please attach new current passport-sized photograph above

**RENEWAL - Section C**

I (print name of player) \_\_\_\_\_ ID No \_\_\_\_\_  
wish to renew my registration with (club) \_\_\_\_\_

I understand that if my application is successful I will NOT be allowed to play for my new club for 7 days from the date of the renewal.

Player's signature \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

If crossing the under 14 threshold please attach new current passport-sized photograph above

**DECLARATION - Section D (to be completed in all cases)**

TEAM MANAGER:

I hereby confirm that the player's details are correct and I undertake on behalf of my club to:

- Ensure that this player is not played in any match whilst carrying an injury, or when a doctor has advised otherwise.
- Ensure that this player does not play in more than one competitive game in any day for this league.
- If the club receives notice that this player has already competed in any match on the same day as he is due to play a competitive match for this league the effects of playing more than one game in one day will be fully considered before I authorise this player to be played in any competitive match for this league.

Signature of Team Manager: \_\_\_\_\_ Club Secretary: \_\_\_\_\_

PARENT / GUARDIAN:

I hereby confirm that the player's details are correct and I acknowledge that my personal responsibilities are as follows:

- To ensure that my child does not play whilst carrying an injury or where there will be any detrimental effect on their health.
- I acknowledge that if I allow my child to play in more than one competitive game on the same day, I will be responsible for any health or injury problems that may arise.

Signature of Parent / Guardian: \_\_\_\_\_

**PLEASE NOTE:- TO QUALIFY PLAYERS MUST HAVE REACHED THE AGE OF 10 ON OR BEFORE 31/08/2006**

The information contained herein is held in a central database and is strictly administered within those guidelines set out in the Data Protection Act 1984