

REGISTRATION APPLICATION FORM - JUNIORS

Bucks Free Press Junior 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 08/09 and declare that on 31/08/2008 I qualify to play in the age group ticked ...

NEW REGISTRATIONS - Section A

Surname: _____ DOB: _____
Forename (1): _____ Gender: _____
Forename (2): _____ Tel No: _____
Address: _____ Fax No: _____
Mobile: _____
Post Code: _____
Email address: _____

DOB Date Ranges (inclusive)
11 01/09/1997 -> 31/08/1998
12 01/09/1996 -> 31/08/1998
13 01/09/1995 -> 31/08/1997
14 01/09/1994 -> 31/08/1996
15 01/09/1993 -> 31/08/1995
16 01/09/1992 -> 31/08/1994

X Club:

[Empty box for Club Name]

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:

- a) Ensure that this player is not played in any match whilst carrying an injury, or when a doctor has advised otherwise.
b) Ensure that this player does not play in more than one competitive game in any day for this league.
c) 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:

Signature of Parent / Guardian: _____

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

- a) To ensure that my child does not play whilst carrying an injury or where there will be any detrimental effect on their health.
b) 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.

PLEASE NOTE:- TO QUALIFY PLAYERS MUST HAVE REACHED THE AGE OF 10 ON OR BEFORE 31/08/2008

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