



SAYWELL INTERNATIONAL (ARUN& CHICHESTER) YOUTH FOOTBALL LEAGUE 2016-17

Club.....

Age Group U.....

Name..... **Date of Birth**/...../.....

Altered Dates of birth will not be accepted

.....
Signed by Player

School **School Year 16/17**.....

Home Address

.....

.....

Post code.....

I agree to produce my Birth Certificate to the League Secretary if and when requested to do so.
I agree to my details being kept on a database for League purposes only. (Database act 2001)

I certify that the above particulars are correct Parent/Guardian

Please sign and print your name

Parents email.....

Date of birth document seen: Birth Certificate/Passport/Child Benefit Book/Medical Card/.....

Please delete leaving document seen visible or write in other document seen in space

Allergies/Medication

Emergency Contact Name in Full.....

(ie: Mr or Mrs Smith. Mum, Dad, Nan etc will not be accepted)

Emergency Contact Number including STD Code.....

Club, player was registered with last season if different to above.....

Falsification of this document may result in the player being banned from playing football in this League.

Confirmation of all above information:- Nominated Club Official Signature.....

Print name.....

PASSPORT SIZE
AGE RELATED
PHOTOGRAPH
TO BE AFFIXED
HERE



Please complete in BLOCK Letters. Any forms incorrectly completed will be returned. Only current seasons forms will be accepted.

FOR LEAGUE USE ONLY : REGN. NO. Date Registered/...../.....Regn. Secretary2016/17