



# MEDWAY NEWS YOUTH LEAGUE PLAYER REGISTRATION APPLICATION FORM

(TO BE COMPLETED BY THE PLAYERS PARENT OR GUARDIAN)

FULL NAME OF PLAYER:- \_\_\_\_\_

The Football Association & League will hold all information on this form in a central database and information will NOT be passed to third parties. PLEASE COMPLETE IN BLOCK CAPITALS AND IN INK  
Please provide the following information to ensure that your details are not entered into this database more than once:

HOME ADDRESS:- \_\_\_\_\_

POST CODE:- \_\_\_\_\_

DATE OF BIRTH (DD/MM/YYYY):- \_\_\_\_\_

MOTHER'S MAIDEN NAME:- \_\_\_\_\_

PLACE (TOWN) OF BIRTH:- \_\_\_\_\_

Any known medical condition or ailment:- \_\_\_\_\_

The Above Named Player Wishes To Register For \_\_\_\_\_ UNDER \_\_\_'S

Previous club player was registered for (if different) \_\_\_\_\_

I declare that the above named player is not registered for any other team at this moment in time.

I understand that if the above named player is registered for another team in this or any other Youth League, a transfer form must be completed.

I understand that if the above named player wishes to play for another team, not in this league, a deregistration form must be completed.

I understand that if the above named player is asked to register with a school of excellence or academy, a deregistration form must be completed.

I understand that if the above named player is asked to join a school of excellence for a trial period the school of excellence will control what games the above named player is allowed to play in until the trial period is over, at present the trial period is limited to six weeks.

ANY BREACHES OF THE ABOVE WILL RESULT IN THE ABOVE NAMED PLAYER BEING DEEMED INELLEGIBLE FOR ANY GAMES HE/SHE PLAYS IN, IN THIS LEAGUE'S COMPETITIONS.

SIGNATURE OF PLAYER :- \_\_\_\_\_

SIGNATURE OF PARENT or GUARDIAN:- \_\_\_\_\_

PRINTED NAME OF PARENT or GUARDIAN:- \_\_\_\_\_

I confirm that I have checked the above details and have had sight of an original birth certificate of the above named player.

SIGNATURE OF CLUB REPRESENTATIVE:- \_\_\_\_\_

PRINTED NAME OF CLUB REPRESENTATIVE:- \_\_\_\_\_

POSITION HELD IN CLUB \_\_\_\_\_

<p>ADHERE PHOTOGRAPH 1 HERE</p>	<p><b>Photographs should be:</b></p> <ol style="list-style-type: none"> <li>1. Passport style ie: 35x 45mm (Digital photos permissible, but not photocopies)</li> <li>2. Current &amp; Identical Photos only</li> <li>3. Head &amp; shoulders only</li> <li>4. No Caps or Hats</li> <li>5. No hand gestures</li> </ol> <p>Incorrect or incomplete forms will not be accepted</p>	<p>PAPERCLIP PHOTOGRAPH 2 HERE</p>
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