



Faversham & District Youth Football League

Sponsored By Fairweather Solicitors LLP

2018/19 PLAYER REGISTRATION FORM

NAME OF CLUB		
AGE GROUP	UNDER ____	TEAM NAME: (colts/juniors etc) _____
Players are only permitted to play for the <u>TEAM</u> they are registered for.		
PLAYERS NAME		
D.O.B	___/___/___	TELEPHONE:
Registered with another league?	Y / N	KNOWN MEDICAL CONDITIONS:
EMERGENCY TEL NUMBER		
PARENT/GUARDIAN SIGNATURE		
<i>I certify that as an appointed official of the above named club that the player is registered with the club. I can confirm that all the details are correct.</i>		
CLUB OFFICIAL NAME (block capitals)		
CLUB OFFICIAL SIGNATURE		

FDYFL USE ONLY	<p>Please attach passport sized photo here. <u>Do not staple.</u></p> <p>Any unattached photos will be returned and <u>will not</u> be registered</p>
Registration Secretary Signature:	
Date Registered:	
Date Eligible to Play:	



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PLAYERS NAME		
D.O.B	___/___/___	TELEPHONE:
Registered with another league?	Y / N	KNOWN MEDICAL CONDITIONS:
EMERGENCY TEL NUMBER		
NAME OF SCHOOL		
PARENT/GUARDIAN SIGNATURE		
<i>I certify that as an appointed official of the above named club that the player is registered with the club. I can confirm that all the details are correct.</i>		
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