

PLAYER REGISTRATION APPLICATION DOCUMENT Season 2009-2010

- Every playing member of a member Club must complete fully and sign a League Player Registration Application Form binding him or her to play for that particular Club which they sign. Forms are obtained from and must be returned to the Registration Secretary. Rule 8 DJML Handbook AND HAVE A CURRENT DCFA PHOTO ID CARD

Forms not correctly completed will not be registered – Registrations are valid for one Season only 1st July – 31st May

- No player registered with a F. A. Premier League or Football League Academy will be permitted to play in this League.
No player registered from u11 –u16 with a Centre of Excellence may play in this League.
Subject to permission the FA Regulations of the Programme for Excellence. Para 9 Centres of Football Category a; b; c:

I desire to be registered as a playing member of * [U11-U18; Girls; Mini-Soccer]

Tavistock Thistles Under Football Club

PLAYERS DETAILS [please use black ink]

*** DELETE as appropriate**

CAPITAL LETTERS

Full Name _____ **Date of Birth** Day _____ Month _____ Year 19 _____

Signature _____ Male * Female * **Are you registered with a Centre of Excellence? -YES or NO***
Delete not applicable

Home address _____

Post Code _____ Players Home Telephone number _____

EDUCATION DETAILS

School/College _____ School Year at September _____

MEDICAL DETAILS

Please indicate if you have any serious medical conditions we should be aware of?

EMERGENCY PARENT/CARER DETAILS

First Name _____ Surname _____

Emergency Telephone number _____ Mobile Number _____

2nd contact in the event of the above person not being reached

Name _____ Contact Telephone number _____

*I agree to my son/daughter being registered as a playing member of the above named football club and confirm the date of birth given above is true.
Providing a false date of birth is considered a serious offence.*

In the event that my son/daughter is injured whilst playing football/travelling to and from football events and I am not present in person or cannot be contacted on the above number(s) I hereby give my consent for my child to receive medical attending from a responsible adult (in the case of a daughter by another female adult) who will provide the necessary care and where necessary supervise emergency aid on or off the field of play.

Signature of parent/legal carer _____ **Date** _____

I Secretary/ 2nd Contact request that you register [insert players name] _____

As a playing member of the above named Football Club

Signature _____ **NAME** _____ **Date** _____

A copy of this form must be available at all matches and training sessions in which the registered person is taking part.

To be returned to the registering Football Club Secretary

PLAYER FOOTBALL ASSOCIATION NUMBER (FAN) _____ Devon FA Card Issued Yes/No

NAME OF PLAYER REGISTERED _____

NAME OF CLUB TO WHOM REGISTERED _____ UNDER FOOTBALL CLUB

Signature Registration Secretary

Date