

KERNOW YOUTH FOOTBALL LEAGUE

www.kernowleague.com

APPLICATION FOR **PLAYER** TO BE REGISTERED FOR THE SEASON 2016 - 2017

Age of Team (Please Tick): U6 ☐ U7 ☐ U8 ☐ U9 ☐ U10 ☐ U11 ☐ U12 ☐ U13 ☐ U14 ☐ U15 ☐

School Year Group (As of 1st Sept 2016).....

INFORMATION OF PLAYER TO BE REGISTERED

Name of **PLAYER**

Date of Birth

Address:

..... Postcode:

At the time of signing this form are you aware of any medical condition of the above named young person which may require attention whilst playing football (Please tick as appropriate) Yes ☐ No ☐

If 'Yes' please give details.....

Is your son/daughter involved with any other football activities outside of St Day AFC?

e.g. Plymouth Development, Cornwall College Development Centre, Extra football coaching

Name: Location:

INFORMATION OF THE PARENT/GUARDIANS

PARENT/GUARDIAN 1

Name:

Address (If different from Player):

Postcode:

Home No: Mobile No:

E-mail Address:

PARENT/GUARDIAN 2

Name:

Address (If different from Player):

Postcode:

Home No: Mobile No:

E-mail Address:

Do you also give consent for the player named to be part of any photography taken, which may be used for advertising or promotion for the future: Yes ☐ No ☐

Signed: Date:

**A COPY OF THE BIRTH CERTIFICATE MUST ACCOMPANY THIS FORM IF
THEY ARE A NEW PLAYER TO ST DAY YOUTH AFC**