

KERNOW YOUTH FOOTBALL LEAGUE

www.kernowleague.com

APPLICATION FOR PLAYER TO BE REGISTERED FOR THE SEASON 2017-2018

Age of Team (Please Tick) U8 ☐ U9 ☐ U10 ☐ U11 ☐ U12 ☐ U13 ☐ U14 ☐ U15 ☐ U16 ☐

School Year Group (as of 1st Sept 2017)

INFORMATION OF PLAYER TO BE REGISTERED

Name of PLAYER	<input type="text"/>		
Date of Birth	<input type="text"/>		
Address	<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>	

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?
(eg, Plymouth Development, Cornwall College Development Centre, extra football coaching)

Name	<input type="text"/>
Location	<input type="text"/>

Does your son/daughter take part in any other sport? YES/NO If yes, please could you give details.

INFORMATION OF THE PARENTS/GUARDIANS

Parent/Guardian 1

Name	<input type="text"/>		
Address	<input type="text"/>		
(if different from Player)	Postcode	<input type="text"/>	
Contact Numbers: Home	Mobile	<input type="text"/>	
E-mail address	<input type="text"/>		

Parent/Guardian 2

Name	<input type="text"/>		
Address	<input type="text"/>		
(if different from Player)	Postcode	<input type="text"/>	
Contact Numbers: Home	Mobile	<input type="text"/>	
E-mail address	<input type="text"/>		

Do you give consent for the player named above to be part of any photography taken which may be used for advertising or promotion purposes in the future?

Yes ☐ No ☐

Signed

Date

A COPY OF THE BIRTH CERTIFICATE MUST ACCOMPANY THIS FORM IF THE APPLICANT IS A NEW PLAYER TO ST DAY YOUTH AFC