

# KERNOW YOUTH FOOTBALL LEAGUE

[www.kernowleague.com](http://www.kernowleague.com)

## APPLICATION FOR PLAYER TO BE REGISTERED FOR THE SEASON 2018-2019

Age of Team (Please Tick) U7 ☐ U8 ☐ U9 ☐ U10 ☐ U11 ☐ U12 ☐ U13 ☐ U14 ☐ U15 ☐ U16 ☐

School Year Group (as of 1st Sept 2018)

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

Name   
Location

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   
Address   
(if different from Player)  Postcode   
Contact Numbers: Home  Mobile   
E-mail address

### Parent/Guardian 2

Name   
Address   
(if different from Player)  Postcode   
Contact Numbers: Home  Mobile   
E-mail address

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**