



**PORTSMOUTH YOUTH FOOTBALL LEAGUE**

5998

**Season 2016 / 2017**

EXAMPLE ①

PLEASE COMPLETE IN FULL IN BLACK INK IN BLOCK CAPITALS (spoilt or incomplete forms will be returned unregistered)

**Registration Secretary Copy**

Team Name PAIGNTON PANTHERS YOUTH Playing in the... U15 Date of Birth 

Day	Month	Year
<u>12</u>	<u>11</u>	<u>01</u>

Surname Jones Forenames Adam

Club Name PAIGNTON PANTHERS YOUTH PUMAS

Players Address 10 Happy Way Portsmouth PO

Post Code PO1 2AD Tel. Number 02392 569112 Date 1.7.16

**Disclaimer**

"I understand and accept that football can involve injury and agree that neither the League or any club shall be held responsible for any injuries sustained whilst I am playing for the club. I accept that it is my responsibility to have my own insurance to cover injury sickness or ill health."

Signed \_\_\_\_\_ Signed \_\_\_\_\_  
(Parent/Guardian) (Player)

Please register the above named player as a playing member of the above club in the Portsmouth Youth Football League and I hereby confirm that I have seen proof of the players date of birth.

Signed \_\_\_\_\_ For \_\_\_\_\_ FC.

Hon. Reg. Sec use only

Date \_\_\_\_\_



**PORTSMOUTH YOUTH FOOTBALL LEAGUE - Season 2016 / 2017**

5998

**Club Copy** Team Name \_\_\_\_\_

Name \_\_\_\_\_

Club \_\_\_\_\_

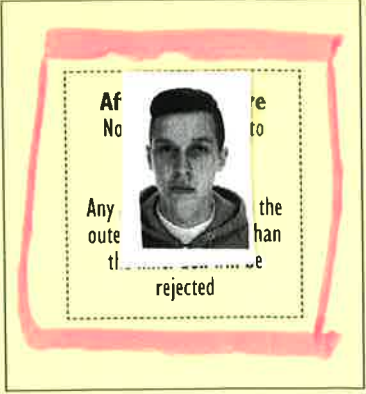
**Disclaimer**

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Signed \_\_\_\_\_ Parent / Guardian

Hon. Reg. Sec use only

Age group U15



### ADVICE ON COMPLETING THIS REGISTRATION FORM

Personal details are only used within the Portsmouth Youth League and Hampshire Football Association for purposes of upholding the rules of the League and the F.A.

- 1) Forms must be completed in ink
- 2) Spoilt or incomplete forms will be returned unregistered
- 3) ALL sections of the form need to be completed except the "for Hon. Reg. Sec" sections.
- 4) All forms must be signed by a Parent / Guardian
- 5) All forms must be signed by the Club Secretary, who must be provided with evidence of the player's date of birth.
- 6) This form should only be completed by the player and parent / guardian when they are SURE that they wish to play for the club
- 7) Only 1 registration form should be completed each season (unless transferring)
- 8) Only 1 transfer will be considered each season
- 9) Transfers will not be considered until after the 1st October in the playing season
- 10) Registrations must be returned either prior to the start of the season or the minimum number of days prior to the playing of a match in accordance with the Portsmouth Youth Football League Handbook or The Hampshire F.A. Limited Handbook depending upon the competition being played.

### SERIOUS MEDICAL CONDITIONS & EMERGENCY CONTACT DETAILS

Name of condition .....

Name of condition .....

Emergency contact No. 1 .....

Emergency contact No. 2 .....

Fee - Payable in Advance, as per Rulebook

New Club Name Paignton Panthers **TRANSFER / CANCELLATION** Player's Signature A Jones

Age Group Moving to .....

**This section to be signed by the Secretary of the Player's present club.**

As secretary of the "original club" named overleaf I

\* have no objection to the above transfer application

\* do object to the above transfer application and will write to the Hon. Transfer Secretary with the reasons.

Signed ..... (Hon. Sec) ..... F.C. Date.....

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Name of condition .....

Name of condition .....

Emergency contact No. 1 .....

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