



PORTSMOUTH YOUTH FOOTBALL LEAGUE

Season 2016 / 2017

EXAMPLE 2

6000

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

Registration Secretary Copy

Team Name PUMAS Playing in the... 15 Date of Birth 12 11 01
 Under age group

Surname JONES Forenames ADAM

Club Name PAIGNTON PANTHERS YOUTH

Players Address 10 HAPPY WAY, PORTSMOUTH

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 M. Jones (Parent/Guardian) Signed A. Jones (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 M. Hind For PAIGNTON PANTHER YTH.F.C.

Hon. Reg. Sec use only

Date 2.7.16



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Club Copy Team Name PUMAS

Name ADAM JONES

Club PAIGNTON PANTHERS

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Signed M. Jones Parent / Guardian

Hon. Reg. Sec use only

Age group 15

