#### Notes for Completing Player Registration Form

***The League has thousands of ID cards to process, in order to speed up the process and to make sure forms are not returned to clubs please note the following:***

### 1) The Registration Fee must be submitted with this form.

### Cheques should be made payable to: Chester & District Junior Football League.

**2) Please ensure you fill in your team name. Some clubs have more than one team in an age group so I need to know. EG - Upton Panthers u11s or Upton Jaguars u11s or AFC Waverton Warriors u11s or AFC Waverton Wasps u11s.**

**3) Very important to tick your age group box.**

**4) Do not staple cheques to the form. Banks will not accept them and I have to take them out. This might sound petty but please see the bigger picture. I can’t be expected to take out thousands of staples.**

**5) On the form where you stick your photos it states “Passport photo cut to size of this box & glued here” it means exactly that. So please do not put in loose, or in pairs, or staple etc. Do exactly what it states. Do not sellotape over them as I have to cut them out. This might sound petty but please see the bigger picture. I have thousands to process and 99% get it right – so don’t be that 1%.**

**6) If you know your unique player number please put on form it helps. I know if you have played for another team in the league so say so.**

**7) Your completed form should be given back to your team manager or club secretary for checking depending on what system you use.**

**8) Completed forms are to be sent to Neil Morgan, League Registration Secretary, Whirlow Court, Ecclesall Road South, Sheffield, South Yorkshire S11 9PZ in whole team batches as a minimum.**

**9) Parents must not send directly to the league registration secretary.**

**10) If you are unsure whether the player has been registered for the league before send in a COPY of proof of birth, it will save time. Better to be sure.**

**11) Please do not send in any original birth certificates.**

**12) Registrations forms should be returned by 31st July 2016. After that date, no guarantees will be made that your card will be returned in time, though every attempt will be made.**

**13) A player cannot play in the competition until they have a league ID card, and the ID card must be inspected before every fixture by the opposing team.**

#### Player Registration Form

**Please note that this form must be completed correctly by the Player and Parent/ Legal Guardian. Failure to do so will lead to a delay in this application form being processed.**

**Details supplied within this form are subject to data protection.**

**The League Management Committee will hold these details solely for the administration of the competition and will not pass on any information to other bodies/agencies without the express permission of the Player and Parent/Legal Guardian.**

**The Registration Fee must be submitted with this form**

### Cheques should be made payable to: Chester & District Junior Football League



Registration Secretary

Neil Morgan

Whirlow Court

Ecclesall Road South

Sheffield

South Yorkshire

S11 9PZ

# Email: neil99352@gmail.com

#### This form must be double checked by a Club Official

Name of Club Official...............................................................................................

Position in Club.......................................................................................................

**u9s❑ u10s❑ u11s❑ u12s❑ u13s❑ u14s❑ u15s❑ u16s❑ u17/18s❑ *(Please tick)***

**CLUB NAME (eg Birley Hay JFC)**………..........................................................................................…

**TEAM NAME (eg Blacks)**................................................................**YOUR AGE** …….…....…..………

**PLAYERS NAME**…………………………………………….......…………...... **DOB**………….…….….…….……….

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| **ADDRESS**…………………………………………………………………….………………………….………………..………  …………………………………………………………………………………….**POST CODE** ……………….………………  **TELEPHONE NUMBER**.…………………………………………………..………………………….………………..…………..……  **ALLERGIES / MEDICAL CONITION**……………………………………….……….……………….…….…………  **IMPAIRMENT/DISABILITY**…………………...………………………………………………………………………..  *e.g. Hearing, Visual, Cerebral Palsy, Learning, Amputee this information is being requested by The FA to help identify players for the Disability Talent Pathway*  **Have you played for a different club in this league Yes / No**  **If yes what was the name of the club** …………………………………………….…………..….………..……  **Your Unique Player Number (UPN)** ………………..……………………………………….…………….….…… |
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**PASSPORT PHOTO’S CUT TO SIZE OF THIS BOX & GLUED HERE**

**PASSPORT PHOTO’S CUT TO SIZE OF THIS BOX & GLUED HERE**

**Declaration**

I confirm that the details supplied above are correct and agree to abide by the rules as laid down by the FA, The Chester & District Junior Football League and the club for whom I play.

I confirm that I understand the conditions of my registration and have enclosed the appropriate Registration Fee along with 2 passport photographs and a copy of my original Birth Certificate/Passport/Medical Card to corroborate my date of birth. (Only required when first registering with the League).

It is the responsibility of each Club to ensure that any Player signing a registration form for that Club has, where necessary, the required International Transfer Certificate (for the inspection of the League Registration Secretary if required). Clearance is required for any Player aged 12 and over crossing borders including Wales, Scotland and Ireland.

We give permission for the League Press Secretary or person acting on his/her behalf to photograph/video our child and understand that such images may be used in the local media to publicise the league. N/B Only group images will be used and no personal details will be submitted.

We understand that if a player is found guilty of misconduct the Cheshire County FA and C&DJFL may impose a fine and/or suspensions on that player.

I give permission for an accredited league official to administer first aid to my child should the need arise.

By registering the above child in this league you agree to abide by the codes of conduct of this league and its rules and regulations.

**Player’s Signature** …………………………………….………….……….........…..…..….....….. **Print Name** ………………………….……..….……..……….……...…………..………..

**Parent/Legal Guardian’s Signature** …………………………………………………………… **Print Name** ……………………………………………………..…………………………….

**Cheques should be made payable to:** Chester & District Junior Football League

**Official Use Only**

I confirm that the player has supplied a copy of their original Birth Certificate/Passport/Medical Card to prove his/her date of birth for my inspection. I have also received the current Registration Fee and 2 Passport Photographs. The above named player has correctly completed the Registration form and is now eligible to play in this competition.

**Signed** ……………………………………………….….……(Registration Secretary) **Date** ..………….……….………..…...….. **Unique Player Number** ……….…...……..……..

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| |  | | --- | | Chester & District Junior Football League | | *visit our web site http://full-time.thefa.com/* | |