

This section to be completed by the Club

Club _____

(please note that if your Club has more than one team I any one age group please Register them in ONE of the Club Teams and not just the Club Name.

AGE GROUP (please circle) U8 U9 U10 U 11 U12 U13

Players Surname _____ Forename _____

Address _____

Post Code _____

Date Of Birth _____

Phone contact _____

Date Of Registration _____ Date of League Reg'n _____

This section will be returned to the Club after the Player has been registered by the League

Club/Team _____

(please register in a particular TEAM if your Club has more than one Team)

AGE GROUP (please circle) U8 U9 U10 U 11 U12 U13

Players Surname _____ Forename _____

Address _____

This section to be completed by the Players Parent or Guardian: I as parent / guardian, wish my child (named above) to participate in the above named Competition

I acknowledge that the organisers take no responsibility for any injuries or any loss of property. IAlso agree to uphold the basic principles of the Exeter Friendly League Competition:

Parent/Guardian Signature _____

Please Print Name & Date _____ Date _____

THIS SECTION IS TO BE COMPLETED BY THE AGE GROUP REGISTRATION SEC.

Players Name _____ is now registered
to play in the Exeter Friendly League from the date below:

Signed _____ Date _____

PLEASE SEND THIS FORM, COMPLETED AND INTACT TO THE AGE GROUP REPRESENTATIVE **TOGETHER WITH A STAMPED ADDRESSED ENVELOPE** SO THAT THE FORM'S CLUB SECTION CAN BE RETURNED TO THE CLUB - NO PLAYER SHOULD PLAY IN ANY PART OF THE COMPETITION UNTIL THIS FORM HAS BEEN RETURNED WITH THE SIGNATURE OF THE AGE GROUP SEC TO THE COMPETING CLUB