



TESTWAY YOUTH FOOTBALL LEAGUE PLAYER REGISTRATION FORM

Please return with 2
current passport size
photographs

Applies to under 12 –
Under 18's only

It is confirmed that the Player's information on this form will only be used by Testway Youth Football League (TWYFL) Football Association (FA) and Clubs. It will not be provided to third parties or used for any other purpose other than this without the expressed permission of the Parent or Legal Guardian.

PLAYER INFORMATION

Club Name:			
Player's Full Name:			
Age Group:		Date of Birth: ___/___/_____	Age as at 31 August:
Address:			
School/college you will be attending in September:			
Other clubs this season:			

Has the player ever played or registered with a club outside England? Yes / No
(includes Scotland, Wales, Northern Ireland and the Republic of Ireland)

If "Yes", has the player obtained an International Transfer Certificate from the FA? Yes / No Date

PLAYER'S CONSENT

I accept and agree to guidelines, policies including codes of conduct that have been issued.

I accept and agree to guidelines, policies including codes of conduct that have been issued. I will tell the coach or another person if I do not feel well or if I have any worries.

Full Name: _____ Date: ___/___/_____

Signature:

DISCLAIMER

TWYFL and the Club would advise all registered players that they participate in the activities of the TWYFL and the Club at their own risk. TWYFL and the Club does not accept liability for injury, loss or damage to either persons or valuables whilst taking part in activity for the Club, either on the field of play or any area under the control of the Club. The Club recommends that you take out individual insurance.

All TWYFL, the Club and Team Officials, Players, Parents and other Family Members and Spectators should be aware and at all times adhere to the Codes of Conduct of the registered Club, TWYFL and appropriate Respect Guidelines. For any further information please contact your Club's Secretary.

CONSENT OF PARENT/LEGAL GUARDIAN

I give consent for my child to participate in Club activities/events and agree to the conditions outlined above. I accept that it is my responsibility to inform the Club directly of any changes to the details / circumstances recorded on this form.

Full Name: _____ Date: ___/___/_____

Signature:

Club Official Name: _____ Date: ___/___/_____

Signature:

LEAGUE USE

League Official Name: _____ Date: ___/___/_____

Signature: