

REGISTRATION APPLICATION FORM - JUNIORS  
**Wycombe & South Bucks Minor Football League**

ID No

FOR LEAGUE  
USE ONLY

**PLEASE FIX  
NEW  
PASSPORT SIZE  
PHOTOGRAPH  
HERE**

PLEASE COMPLETE USING BLACK INK & IN BLOCK CAPITALS &  
ENSURE PLAYER'S NAME &/OR ID No IS CLEARLY WRITTEN ON  
REVERSE SIDE OF PHOTOGRAPH

**PLEASE NOTE A REGISTRATION FEE IS REQUIRED IN EVERY CASE AS PER RULE 8E.  
EXACT PHOTOSTAT COPY OF BIRTH CERTIFICATE TO BE ATTACHED**

I hereby express my intention to play for the club name below during the season  
07/08 and declare that on 31/08/2007 I qualify to play in the age group ticked ...

**NEW REGISTRATIONS - Section A**

Surname: \_\_\_\_\_ DOB: \_\_\_\_\_  
Forename (1): \_\_\_\_\_ Gender: Male / Female  
Forename (2): \_\_\_\_\_ Tel No: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Post Code: \_\_\_\_\_  
Email address: \_\_\_\_\_

DOB Date Ranges (inclusive)	
<input checked="" type="checkbox"/>	11 01/09/1996 -> 31/08/1997
<input type="checkbox"/>	12 01/09/1995 -> 31/08/1997
<input type="checkbox"/>	13 01/09/1994 -> 31/08/1996
<input type="checkbox"/>	14 01/09/1993 -> 31/08/1995
<input type="checkbox"/>	15 01/09/1992 -> 31/08/1994
<input type="checkbox"/>	16 01/09/1991 -> 31/08/1993

**x Club:** \_\_\_\_\_

Player's Signature: \_\_\_\_\_

**TRANSFER - Section B**

I (print name of player) \_\_\_\_\_ ID No \_\_\_\_\_  
of (current club) \_\_\_\_\_ wish to apply for a transfer to  
(new club) \_\_\_\_\_ (age group) \_\_\_\_\_

I understand that if my application is successful I will **NOT** be allowed to play for my new club for \_\_\_\_\_ days from the date of the transfer.

Player's signature \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

The above player has discharged his liabilities to \_\_\_\_\_ (current club) and we agree to the transfer.

Signed (Senior officer of current club) \_\_\_\_\_ Position \_\_\_\_\_

**If crossing the under 14 threshold please attach new current passport-sized photograph above**

**RENEWAL - Section C**

I (print name of player) \_\_\_\_\_ ID No \_\_\_\_\_  
wish to renew my registration with (club) \_\_\_\_\_

I understand that if my application is successful I will **NOT** be allowed to play for my new club for \_\_\_\_\_ days from the date of the renewal.

Player's signature \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**If crossing the under 14 threshold please attach new current passport-sized photograph above**

**DECLARATION - Section D (to be completed in all cases)**

**TEAM MANAGER:**

I hereby confirm that the player's details are correct and I undertake on behalf of my club to:

- Ensure that this player is not played in any match whilst carrying an injury, or when a doctor has advised otherwise.
- Ensure that this player does not play in more than one competitive game in any day for this league.
- If the club receives notice that this player has already competed in any match on the same day as he is due to play a competitive match for this league the effects of playing more than one game in one day will be fully considered before I authorise this player to be played in any competitive match for this league.

Signature of Team Manager: \_\_\_\_\_ Club Secretary: \_\_\_\_\_

**PARENT / GUARDIAN:**

I hereby confirm that the player's details are correct and I acknowledge that my personal responsibilities are as follows:

- To ensure that my child does not play whilst carrying an injury or where there will be any detrimental effect on their health.
- I acknowledge that if I allow my child to play in more than one competitive game on the same day, I will be responsible for any health or injury problems that may arise.

Signature of Parent / Guardian: \_\_\_\_\_

**PLEASE NOTE:- TO QUALIFY PLAYERS MUST HAVE REACHED THE AGE OF 10 ON OR BEFORE 31/08/2007**