



chairman: John Penkethman
 treasurer: Linda Penkethman
 secretary: Russ Murch
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Exeter & District Youth League PLAYER REGISTRATION FORM 2009/10

Club Name							Team Name		
Boys Age Group	U7 <input type="checkbox"/>	U8 <input type="checkbox"/>	U9 <input type="checkbox"/>	U10 <input type="checkbox"/>	U11 <input type="checkbox"/>	U12 <input type="checkbox"/>	U13 <input type="checkbox"/>	U14 <input type="checkbox"/>	
Girls Age Group	U11 <input type="checkbox"/>		U12 <input type="checkbox"/>		U13 <input type="checkbox"/>		U14 <input type="checkbox"/>		U15 <input type="checkbox"/>
Please select only one age group/gender per application form									

Player Details

Players Name				Date of Registration					
Date of Birth			ID Card Number <i>(if applicable)</i>			FAN No:			

If the player has neither the ID Card No or Fan No then they must ALSO fill in an Emergency Registration form to apply for an ID Card.

Address									
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Parents Tel <i>(in case of emergency)</i>				Mobile					
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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. I Also agree to uphold the basic principles of the Exeter & District Youth League Competition:

Parent/Guardian Signature _____

Please Print Name _____ Date _____

Club Secretary or Team Manager

Please send this form, completed and intact to the **League Registrations Secretary** - Carole Johnson, 13 Cleave Close Tedburn St Mary, EX6 6AS **together with a SAE** so that the Registrations Secretary can returned notification 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.

This section will be completed and returned by the Registrations Secretary

Players name _____ is now registered to play in Exeter & District Youth League

from the following date: _____