



chairman: John Penkethman
 treasurer: Lynda Penkethman
 secretary: Russ Murch
 email: russ@exeteryouthleague.co.uk
 web: www.exeteryouthleague.co.uk

Exeter & District Youth League PLAYER REGISTRATION FORM 2011/12

(Please fill in fully in BLOCK CAPITALS unreadable forms will not be processed)

Club Name					Team Name		
Age Group (If playing for 2 age groups tick both boxes)	U7 <input type="checkbox"/> Mixed	U8 <input type="checkbox"/> Mixed	U9 <input type="checkbox"/> Mixed	U10 <input type="checkbox"/> Mixed	U11 <input type="checkbox"/> Mixed	U12 <input type="checkbox"/> Mixed	
	U13 <input type="checkbox"/> Mixed	U14 <input type="checkbox"/> Boys	U15 <input type="checkbox"/> Boys	U16 <input type="checkbox"/> Boys	U17 <input type="checkbox"/> Boys		

Player Details				
Players Name			Registration Application Date <i>(dd/mm/yyyy)</i>	
Date of Birth <i>(dd/mm/yyyy)</i>		ID Card Number	FAN No:	

Please indicate if you (the player) have any of the following impairments			
Deaf / Hearing Impaired <input type="checkbox"/>	Cerebral Palsy <input type="checkbox"/>	Amputee (Arm) <input type="checkbox"/>	
Partially Sighted <input type="checkbox"/>	Learning Disability <input type="checkbox"/>	Amputee (Leg) <input type="checkbox"/>	

Players Address			
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Parents Tel <i>(in case of emergency)</i>		Mobile	
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Managers please ensure you have seen evidence of the players date of birth

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 that by signing below I agree to uphold the basic principles of the Exeter & District Youth League Competition and understand my responsibility to abide by the FA Respect campaign:

Parent/Guardian Signature _____

Please Print Name _____ Date _____

Club Secretary or Team Manager
 Please send this form, completed and intact to the correct **League Registrations Secretary** (see below instructions) - together with a **SAE** so that the Registrations Secretary can return notification to the club.

NO player should play in any part of the competition until they have received notification of their eligibility to participate.

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: _____



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IMPORTANT INFORMATION – please read

All registrations for players in the following age groups are to be sent to Julie Logan

- Under 7's
- Under 8's
- Under 9's
- Under 10's

Send to John Penkethman – 41 Quarry Park Road, Heavitree, Exeter EX2 5PB

All registrations for players in the following age groups are to be sent to Carole Johnson

- Under 11's
- Under 12's
- Under 13's
- Under 14's
- Under 15's
- Under 16's
- Under 17's

Send to Carole Johnson - 13 Cleave Close, Tedburn St Mary, EX6 6AS

IF YOU SEND YOUR PLAYER REGISTRATIONS TO THE WRONG PERSON OR THEY ARE NOT COMPLETED FULLY (AND CLEARLY) THEY WILL NOT BE PROCESSED AND THE PLAYER WILL NOT BE REGISTERED.

WHERE ID CARD NUMBER OR FA NUMBER ARE NOT KNOWN – YOU SHOULD CONTACT DEVON FA IN ORDER THAT YOU CAN ENSURE THE PLAYER IS ELIGIBLE AND REGISTERED WITH THE LOCAL FOOTBALL ASSOCIATION