

THE EXETER FRIENDLY LEAGUE
PLAYER REGISTRATION FORM 2007/2008

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) Under 8 Under 9 Under 10 Under 11 Under 12

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) Under 8 Under 9 Under 10 Under 11 Under 12

Surname _____ **Forename** _____

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 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