

JUVENTUS YOUTH FOOTBALL LEAGUE

PLAYER LEAGUE AND CUP REGISTRATION FORM

(Please use CAPITALS for player details)

CLUB :
AGE GROUP :

SURNAME
FORENAME(S):

ADDRESS
.....
.....

POSTCODE:

DATE OF BIRTH
SCHOOL ATTENDED

We confirm that the above details are correct

PLAYERS SIGNATURE:
DATE:

PARENT/GUARDIAN SIGNATURE:
DATE:

CLUB SECRETARYS SIGNATURE:
DATE:

PLEASE ENTER BELOW ANY KNOWN MEDICAL CONDITIONS/MEDICATION;

Registration Secretary to complete;

PLAYERS NAME:
REGISTRATION NUMBER:

REGISTRATION SECRETARYS SIGNATURE :

REGISTERED TO PLAY WITH EFFECT FROM:

**PLEASE SEND A STAMPED ADDRESSED ENVELOPE WITH
THE FORMS TO AVOID A FINE**