



EAST BERKS YOUTH FOOTBALL LEAGUE

Player Registration Form 2009 / 2010

PLEASE COMPLETE IN BLOCK CAPITALS

EBYFL Registration Id No _____

Incomplete or incorrectly filled in forms will be returned.

Date _____

League Usage Only

Section 1 - to be completed by Team Manager

Club Name		Age Group	
Team Name		Section/Division	
We the Team agree to abide by the Rules and Codes of Conduct as laid down by the League. All information given on this form is accurate at time of submission. The League will be notified immediately of any changes. The attached photos are a current true likeness of the named player.			
Team Manager Name (print)		Signature	Date

Section 2 - to be completed by Parent or Guardian

Player Name		Date of Birth	
<div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: auto;"> <p>Notice to Parent/Guardian</p> <p>Please STICK Photo Here</p> <p>(35 mm x 28 mm max)</p> <p>and paperclip a second copy of the same photo to this form</p> </div>	Address		
		Postcode	
	School/College		
	Medical	<i>Please state any conditions or medication team and league should be aware of:</i>	
PLAYERS MUST HAVE ANY REQUIRED MEDICATION AT ALL MATCHES AND TRAINING SESSIONS			

Photographs should be trimmed to fit within the box. The photographs submitted must also fulfil the following criteria:-

1. Recent (taken within the last two months);
2. 35 mm high x 28 mm wide (please trim your photographs to meet this condition);
3. Printed on photo-quality paper (with no watermarks, embossing or printing on the photograph);
4. Undamaged, for example, by creases from paper clips,
5. Player on their own (no hats or sunglasses, etc.)
6. A close-up of the Players head only facing forwards, looking straight towards the camera to include the Players full head without any head covering (unless it is worn for religious beliefs or medical reasons) and nothing covering the Players face;
7. Photographs must be glued (not stapled) within the box.

As an agreement with the East Berks Youth Football League on behalf of all parents and guardians of the above player.

PARENT/GUARDIAN AGREEMENT			
(a)	I agree to my child being registered with the East Berks Youth Football League, as a member of the above mentioned Club.		
(b)	I understand that, while registered as a member of that Club, my child is not permitted to play football for another team in the Club or any other Club in this League which plays on the same day.		
(c)	Players wishing to change teams are required to make application on a transfer form available from the East Berks Youth Football League Website (www.eastberksfa.com)		
(d)	I agree, under the guidance of the Data Protection Act, for East Berks Youth Football League being able to the transfer of misconduct information and any reasonable personal details between the League and the relevant County Football Associations.		
(e)	I will ensure that any support towards our child will at all times be for encouragement only. Match Officials and opponents will be treated with due respect, the decisions of the match officials shall be accepted without protest.		
(f)	I understand that failure to comply with this standard of conduct may affect my child's eligibility to play in the East Berks Youth Football League.		
Parent/Guardian Name		Contact Number	
Signature		Date	