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| **C:\Users\Dad\Pictures\NWYFL_Logo.jpg** | **North Wilts Youth Football League**  **Player / Team Registration Form Season 2016/2017**  **(use arrow keys to navigate to next field)** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Team Name** |  | **\*Age Group** (2016/2017 season) | Choose an item. |  | **\*Age Group** (2015/2016 season) | **e.g. u12 White** |
|  |  |  |  |  |  |  |

***\*Please ensure that you complete your relevant age group and team name for both seasons as indicated above***

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| --- | --- | --- | --- |
| **Player Name** | **Date of Birth** | **Check box if not registered to this team last season** | **Previous Club and Team**  ***Only complete the section below if the player was not registered to the team named above in season 2015/2016***  ***New Players to the league Proof of birth need to be enclosed*** |
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*The person named below by completing this form for and on behalf of the Club confirms that the player(s) named above and his/her Parents/guardians have signed a fully and correctly completed club registration form*

*The registration document must incorporate any known serious medical conditions of the player and emergency contact details of the player’s parents or guardians. Known serious medical conditions of the player and emergency contact details must be available at matches and training events the player attends within the management of the Club or Competition.*

*Any player named on this form will have had his/her parents/guardians sign and read the FA code of conduct via the club and will adhere to them at all times.*

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| --- | --- | --- | --- |
| **Team Official’s Name:** |  | **Signed** | *Electronic signature accepted* |
|  |
| **Contact number(s):** |  | | |
| **Email address:** |  | **Dated** |  |

**The maximum number of registered players for each format shall be limited to;**

**14 players for 5v5,14 players for 7v7,18 players for 9v9,22 players for 11v11 as per rule 8B**