

South Bucks Youth League

Name of Club _____

I hereby express my intention of playing for the aforementioned team during the season 2009/2010 and declare that I am under 18 years of age on 31st August 2009.

Please fill in form in CAPITALS

Players Full Name _____ Date _____

Date of Birth _____

Address _____

_____ Players Signature _____

To be signed by Parent/Guardian:

I confirm that the information given is correct and give consent for _____ to receive Emergency Medical Treatment in the event of an injury or accident, should the need arise.

Signature _____ Emergency Tel No _____

Name (Parent/Guardian) _____

Signature of Club Secretary _____

Please forward this form to the Registration Secretary, together with a photocopy of proof of D.O.B. This form should be accompanied by a cheque for £5 if you have already submitted 20 registrations



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