**WOMENS BEGINNERS/BACK TO FOOTBALL LEAGUE**

**2019-2020 TEAM REGISTRATION FORM**

|  |  |
| --- | --- |
| **Club/Team Name:** |  |
| **Manager’s Name:** |  |
| **Manager’s Address:** |  |
| **Manager’s Mobile Number:** |  |
| **Manager’s Email:** |  |
| **Are players ok to have photographs taken?** |  |
| **Do any of your players have any medical condition(s) we need to be aware of?** |  |

**PLAYER REGISTRATION**

**Please note that each individual player’s details will be registered on the FA’s Whole Game System – Player Registration Database. This enables us to track players participation and reduce paperwork, if you object to this please highlight below.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Players Full Name** | **Date of Birth** | **Full Address (inc Postcode)** | **Email Address & Mobile Number** | **Are you happy to be registered on the FA’s Player Registration Database? Yes or No** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |