

Parents / Guardians of individuals who wish to participate in a One or Two Day Competition but are not recognised as a bona fide registered player with the named club should complete this form.

Please note the registration is valid for the duration of the tournament specified below only and a new form should be completed for each tournament an individual wishes to participate in. Please ensure you retain a copy of this form for your Club records. All teams entering a tournament should be associated with an affiliated Club of a County Football Association.

Tournament Information												
Tournament Name												
Date of tournament		/			/							
	(	Club /	Tear	mde	tails							
Club Name											 	
Team Name												
Age Group												
Player details												
First Name												
Last Name												
Date of Birth		/			/							
Home address including postcode												
Parent / Guardian name												
First Name												
Last Name												
	ontacto											
(as a minimum please provide either an email address or phone number)												
Email address						-	_	-	-	-	 	
Phonenumber												
	Γ	Medic	al Co	ndit	ions							
Please provide details of any medical conditions the player has												
Signatures												
Parent / Guardian Signature												

## \*\* All PLAYER REGISTRATION AND TRASNFER RULES STILL APPLY AS NORMAL\*\*



Club Official Signature		
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