

**Ladies Over 30’s League 2018/19**

**Affiliation Form**

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| **Team Name:** |  |
| **Secretary:** |  |
| **Email:** |  |
| **Contact Number:** |  |
| **Team Colours:** |  |
| **Team’s First Aider:** |  |

It is recommended that your team has a nominated, qualified first aider at each of your fixtures along with your own first aid kit. The nominated first aider can be one of the players but it is recommended that you have a back-up first aider should that be the case.

**Squad Details:** (please continue on a separate sheet if required, there is no limit to the size of your squad, Each player MUST complete and return an individual Player Registration Form)

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| **Player Name** | **Age** | **DOB** | **Player Name** | **Age** | **DOB** |
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**League Entry Fee:**

Please return this form with a League Entry Fee of £50 which will also cover you for the below;

**Public Liability & Personal Accident Insurance:**

Your team will be affiliated to Staffordshire Football Association and covered for Public Liability Insurance and Personal Accident Insurance (the same level of cover as all Staffordshire FA affiliated adult clubs receive). Referees fees and pitch hire will be covered by the match fee of £30.00 per team.

**Declaration:**

By completing and signing this form, on behalf of the team, the team applies for membership of the Association and agrees with its members to be bound by the Memorandum and Articles of the Association and any rules and regulations made pursuant thereto including the rules and regulations of The Football Association.

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| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |

**Please return this form to:** Bethan.woolley@staffordshirefa.com | **Contact Number:** 07816536450 |
**Postal:** FAO Bethan Woolley, Staffordshire FA LTD, Dyson Court, Staffordshire Technology Park, Stafford, ST18 0LQ