



One or Two Day Competition –Temporary Player Registration form (Youth)

Parents / Guardians of individuals under 18 years of age who wish to participate in a One or Two Day Competition but have not yet registered to the Club listed below for the 2020/21 season 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.

**** ALL PLAYER REGISTRATION AND TRASNFER RULES STILL APPLY AS NORMAL****

Tournament Information																					
Tournament Name																					
Date of tournament	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			/			/														
		/			/																
Club / Team details																					
Club Name																					
Team Name																					
Age Group	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Player details																					
First Name																					
Last Name																					
Date of Birth	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			/			/														
		/			/																
Home address including postcode																					
Parent / Guardian name																					
First Name																					
Last Name																					
Contact details of Parent / Guardian (as a minimum please provide either an email address or phone number)																					
Email address																					
Phone number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Medical Conditions																					
Please provide details of any medical conditions the player has																					
Signatures																					
Parent / Guardian Signature																					

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Club Official Signature	
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