

**Staffordshire Mental Wellbeing League**  
**Entry Form**

|  |  |
| --- | --- |
| **Team Name:** |  |
| **Lead Contact:** |  |
| **Email:** |  |
| **Contact Number:** |  |
| **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.

**Squad Details:** (please continue on a separate sheet if required, there is no limit to the size of your squad)

Any additional players throughout the league can be added however please ensure the match day coordinator is

kept up to date with additional players so they can be registered to your team on the FA Whole Game System.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Player Name** | **DOB** | **Address & Post Code** | **Contact Email** | **Emergency Contact**  **Name & Number** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**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 fixture date fee of £15.00 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. I am confirming I have the consent of all players included on this registration form for their details to be added to the FA's Whole Game System for player registration. On return of this form I will make payment of the league entry fee of £15 to secure my place in the league.

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

**Please return this form to Gemma Machin:** [Support@staffordshirefa.com](mailto:Support@staffordshirefa.com) | **Contact Number** 07495617661