

NASH & CO SOLICITORS DEVON JUNIOR AND MINOR LEAGUE

CLUB PLAYER REGISTRATION FORM

SEASON 2017 – 2018

FAN _____

DJML Form 5

A copy of this form must be available at all matches and training sessions in which the registered person is taking part

All Clubs and their teams shall support the FA Respect Programme. A respect League its Clubs and Teams seek to play all their fixtures in a fair, competitive but not antagonistic environment. Everyone has a collective responsibility to create a fair, safe and enjoyable environment in which all games may take place.

Every playing member of a member club must fully complete and sign a Player Registration Application Form binding him or her to play for that particular Club for which they sign. **Forms are obtained from League Officer or Online and must be Inputed on to the Wholegame (WGS) registration system by club official**(Rule 8 DJML Handbook). No player registered with a FA Premier League or Football League Academy will be permitted to play in this League. No player registered from U11 – U16 with a centre of Excellence may play in this League>(* Subject to permission the FA Regulations of the Programme for Excellence, Para 9 Centres of Football Category a; b; c)

Forms not completed correctly will not be registered – registrations are valid for one season only

Players Full Name	Date of Birth	
Players Signature	Post Code	
Address	Male/Female	Delete one
	Telephone contact number	
School/College	School Year	September
Medical details (Please indicate if you have any serious medical conditions we should be aware of):-		
Disability Survey (Please indicate if you have any of the following impairments.		
Dyslexia and ADHD are not considered to be learning disabilities		
Deaf/Hearing Impaired	Cerebral Palsy	Amputee (arm)
Partially sighted	Learning Disability	Amputee (leg)
		None

Parent / Carer Emergency Details:

Full Name: _____ Emergency Contact Number: _____

Email Address:

2nd Contact in the event of the above person not being reached

Full Name: _____ Emergency Contact Number: _____

I agree to the above named person being registered as a playing member of the named football club and confirm the date of birth given is true. Providing a false date of birth is considered a serious offence. **I confirm that he / she is not currently registered with a Centre of Excellence.** In the event that the above named person is injured whilst playing football / travelling to and from football events and I am not present in person or cannot be contacted on the above number(s), I hereby give my consent for this person to receive medical attention from a responsible adult (in the case of a girl, by another female adult) who will provide the necessary care and where required will supervise emergency aid on or off the field of play.

*** Parent / Carer**

Signature: _____

Date: _____