

**Existing**

**Player Registration Form**

**2017/18**

**Team Name:**

**Club Name:**

**Age Group:**

**Mixed Saturday Sunday Girls Saturday**

Please tick the box if you do not give your consent for your child to have video/photography taken by the league

**Circle one of the above**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Surname** | **First**  **Names** | **D.O.B.** | **Players**  **Signature** | **Players**  **School Name** | **Medical**  **Conditions** | **Parent/Guardian**  **Contact Number** | **Parents**  **Signature** |  |
| **1** |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |  |  |  |

*Complete in* ***BLOCK CAPITOLS***

**Club Secretary Signature Print Name Date**

I understand that all data will be stored on a computerised database for league use only

This form must be completed along with the Player Photo Registration form and returned to the league

**League Address** - Mckendrick Villas, Cowgate, Newcastle, NE5 3AB

[**admin@pinpointjuniorleague.co.uk**](mailto:admin@pinpointjuniorleague.co.uk)