

# RCD

## HUDDERSFIELD JUNIOR FOOTBALL LEAGUE PLAYER REGISTRATION FORM Season 2016-17

PLAYER'S NAME

DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

I wish to be registered as a player of  FC  
UNDER

and agree to comply with the rules and regulations of the Huddersfield JFL.

PLAYER'S SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

State which Huddersfield JFL Club player was registered with last season

ETHNICITY (Please Circle) \_\_\_\_\_  
White Irish Black African Caribbean Black Other  
Indian Pakistani Bangladeshi Chinese Other

MEDICAL CONDITION \_\_\_\_\_  
Please state any known Medical Condition & Emergency Contact Number

SIGNATURE \_\_\_\_\_  
I have witnessed the player's signature and on behalf on the club request you to register him

SECRETARY/  
CHAIRMAN/MANAGER

Affix	Please return: Completed form and 2 passport photos Proof of date of birth, if first registration with the league To appropriate Registration Secretary	
	OFFICIAL USE	
	Date registered	_____
	Proof of birth seen	YES - NO

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