PETERBOROUGH AND DISTRICT JUNIOR ALLIANCE LEAGUE

Sponsored by

HEREWARD TEAMWEAR AND TROPHIES

PLAYER REGISTRATION FORM

2012/2013

Reg No:
For league use only

This form must be completed using BLOCK CAPITALS

Name of Club/Team:

Age Group: U/

Players Surname:

Players Forename:

Address:

Postcode

Tel No: **mobile)**

TWO IDENTICAL PASSPORT PHOTOGRAPHS ARE REQUIRED AFFIX ONE PASSPORT PHOTOGRAPH HERE & SEND IDENTICAL ONE WITH THIS FORM

School Attending:

D.O.B. **If the player has NOT been registered to the PJAL please supply a Copy of Birth Certificate**

Previous local club/team played for state season:

International Clearance for players coming from overseas age 12 years & upwards:
Has the Player ever played or registered with a Club outside England: Yes No
Name of Club:
(This includes Scotland. Wales. Northern Ireland. Republic of Ireland & All Foreign Nationals)
If Yes has the Player obtained an international Transfer Certificate from the F.A. Yes / No
(If yes please supply a photocopy of the F.A. International Clearance Certificate with this form)

Players known medical condition(s)

Does your child have a disability? If yes, what is the nature of disability: (Please tick)
Cerebral Palsy, …… Partially sighted,……Hearing impairment / Deaf or Learning Disability…….

Players Signature: **Date:**

Parents Signature:

Club Official Signature **Date:**

RESPECT: I the above named player agree to abide by the **FA Code of Respect** at all times towards my Manager, Referee, Opponents, and Spectators, Failure to do so may result in League/County **F.A.** action being taken. **Signed Players signature:**

RESPECT: I the parent(s)/ Guardian of the above player agree to abide by the **F.A Code of Respect** at all times whilst supporting my above named child during his/her football activities. Failure to do so may result in League/County F.A. action being taken:
Signed signature: Parent(s) / Guardian: