

BUCKS GIRLS FOOTBALL LEAGUE - PLAYER REGISTRATION FORMS

(PLEASE RETURN TO CLUB WITH A PASSPORT PHOTO & A COPY OF PROOF OF AGE)



BUCKS GIRLS FOOTBALL LEAGUE REGISTRATION FORM

I hereby consent to be registered as a member of the Football Club for Season 2009/2010

Age Group: Under in accordance with the Rules of the said Club, which have been shown to me.

I also declare that I last played for Football Club and that I am clear on that clubs books. (No monies or Kit & equipment owed)

Surname Forenames

Personal Signature Date of Birth - Day Month Year

Address

..... Postcode.....

I being the Parent/Guardian of the named schoolgirl, consent to her attachment to this Club. We hereby accept and agree to abide by the Bucks Girls Football League's Rules & Code of Conduct. I confirm the above details are correct.

Signature School Year School attending At September 2009

Additional Registration Information (to aid with promotional work and targeting specific groups) **I started playing football in** (please put in year)

Playing in a boys team Club School link (school team) I went for a taster session & joined up I saw an advert for my local club

Someone suggested I went along Because my friends did

(This information is key to help us target successful development and secure funding in correct areas)

Other

What is your ethnic Group? Please circle

White Dual Asian/Asian British Black/Black British Chinese other ethnic group

Do you consider yourself to have a disability? YES/NO (Please circle) If Yes, please indicate below:

Physical Disability Learning Disability Hearing Impairment Visual Impairment Multiple Disability Other

Other

Signed Club Secretary Date