Player registration 2010/11

(Reception to school year 2)

Player details

Players name

Team age group (e.g Under 6's. 7's)

Address

Postcode

Date of birth

School year

Medication or Allergies which Managers should know about which may affect your child whilst playing football or training.

Parent/guardian details

Name (s)

Address (if different to player including postcode)

Telephone (home)

Telephone (mobile)

Email address

Declaration

I authorsise my son/daughter_____ to train and play for Worplesdon Rangers and authorise the appointed Manager/Coach to take any action as required in the event of injury/accident.

SIGNED

NAME (PRINT)

DATE

Annual Subscription for Season 2009/2010. In the sum of £15.00 attached. Cheque to be made payable to Worplesdon Rangers F.C. please. For second child deduct £5.00 for that child stating age group of other.

Form to be completed and handed with subscription to your Son/Daughters Team rep by Saturday 11th September 2010. Thank you for your co-operation. Players are only eligible to play in the league or friendlies once the subscription has been received.