Registration Number

**NEW Player Registration Form**

|  |  |
| --- | --- |
| Name of Player: |  |
| Date of Birth: |  | Age Group: |  |
| Team: |  |
| Players Address: |  |
|  |
|  | Postcode: |  |
| School: |  |
| Players Signature: |  |
| Parent / Guardian Signature: |  |
| Managers Signature: |  |

**PROOF OF IDENTITY AND DATE OF BIRTH:**

If not previously registered for the WJYFL since 2012, you must provide ONE of the following, (NOT A COPY).

The document will be checked by a league representative in the presence of your club representative and immediately returned. It will not be retained by the league.

PLEASE ATTACH A SECOND CURRENT PASSPORT SIZE PHOTO HERE WITH A

**PAPER CLIP OR STAPLE**

PLEASE ATTACH

ONE CURRENT

PASSPORT SIZE

PHOTO HERE WITH **GLUE**

 BIRTH CERTIFICATE

 PASSPORT

 MEDICAL CARD

 OTHER (SPECIFY)

Please trim photos to fit the boxes

**FOR LEAGUE USE ONLY**

Checked by: Date: