

WEST KENT SUNDAY FOOTBALL LEAGUE

PLEASE COMPLETE IN BLOCK CAPITALS IN BLUE OR BLACK INK



EMERGENCY REGISTRATION

**MUST BE RETURNED TO REGISTRATIONS SECRETARY BY
THE WEDNESDAY FOLLOWING THE MATCH
MUST BE SIGNED BEFORE THE GAME**

Founded 1967 Affiliated to KCFA Website: www.wksl.org.uk

PLAYER REGISTRATION FORM FOR SEASON 2017 – 2018

FIRST NAME SURNAME

DATE OF BIRTH D M Y

ADDRESS

HOUSE NUMBER OR NAME

ROAD NAME

TOWN County

POST CODE

PHONE NUMBER CODE NUMBER

CLUB THAT YOU WISH TO BE REGISTERED FOR

CLUB YOU WERE WITH LAST SEASON

PLAYERS SIGNATURE

Players signing this form acknowledge personal responsibility for their wellbeing during matches and confirm that they have ensured

that the club has adequate first aid equipment and expertise in the event of personal injury.

Player also acknowledge that the League are members of the F.A Respect Programme.

DATE

WITNESSED BY A CLUB OFFICIAL

POSITION WITHIN CLUB

WITNESSED BY OPPOSING CLUB OFFICIAL

POSITION WITHIN CLUB

FOR OFFICIAL USE