

WEST KENT SUNDAY FOOTBALL LEAGUE



PLEASE COMPLETE IN BLOCK CAPITALS IN BLUE OR BLACK INK

EMERGENCY REGISTRATION

**MUST BE RETURNED TO REGISTRATIONS SECRETARY
NOT LATER THAN THE TUESDAY FOLLOWING THE
MATCH AND MUST BE COMPLETED BEFORE THE GAME**

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

PLAYER EMERGENCY REGISTRATION FORM FOR SEASON

2022 – 2023

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

PLAYER EMAIL ADDRESS

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

DATE

The club making the emergency registration to enter the name and position held of the opposing club member who witnessed it. Do NOT ask for a signature.

WITNESSED BY A CLUB OFFICIAL

POSITION WITHIN CLUB

WITNESSED BY OPPOSING CLUB OFFICIAL

POSITION WITHIN CLUB

FOR OFFICIAL USE

This information will be shared with the West Kent Sunday Football League, the Football Association and your local County Association, ie Kent, Sussex or Surrey FA as appropriate.

Should you not want this information shared please tick this box

and you will not be registered with the League.