

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

2020 – 2021

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

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, the Football Association and your local County Association, ie Kent Sussex and Surrey.

Should you not want this information shared please tick this box and you will not be registered with the League.