

WEST KENT SUNDAY FOOTBALL LEAGUE

PLEASE COMPLETE IN BLOCK CAPITALS IN BLUE OR BLACK INK



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.

WITNESSED BY MUST BE A CLUB OFFICIAL

Date

FOR OFFICIAL USE