

## IMPORTANT

A player who applies to compete in the DDJSFL will not be deemed as fully registered until his /her club have possession of the player's registration card.



# DONCASTER & DISTRICT Junior Sunday Football League



## Season 2016/17

CHARTER STANDARD LEAGUE 2012

## NEW PLAYER REGISTRATION FORM

**USE BLOCK CAPITALS ONLY PLEASE**

### NEW CLUB DETAILS

*This section to be completed by a Club Official Only!*

Club: .....

Age Group Applied For: Place a cross in the box below of the age group being applied for

U7s	U8s	U9s	U10s	U11s	U12s	U13s	U14s	U15s	U16s	U18s
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Team Code: BLUES / GREENS / REDS / YELLOWS: PLEASE NOTE ONLY THESE CODES MAY BE USED.

**CLUBS must confirm that players meet the requirements of League Rule DR 7(a)  
Registration of players other than in accordance with DR7(a) MUST be accompanied by supporting evidence.**

*If you are registering for the first time with this League, this form must be accompanied by documentary proof of the players date of birth. This application will be rejected if proof of date of birth is not submitted.*

### PLAYERS DETAILS

First Name: .....(Middle Names are NOT Required)

Surname: .....(Surname MUST be as shown on Birth Certificate)\*\*

\*\* (Players with a surname other than that shown on the Birth Certificate must provide documentary proof of change of surname)

Date of Birth: Day:.....Month:.....Year:.....Male.....Female.....

Address: .....

..... Post Code: .....

School: .....Previous Club.....

### CONSENT

*Please ensure that all required signatures are completed to allow the above named player to be registered with the **Doncaster & District Junior Sunday Football League** for the season 2016/17. Failure to complete the required signatures will result in a delay in processing the player's registration with this League. Before signing this form please ensure that all the details are correct. If you knowingly sign this form having given incorrect information, this could lead to serious action being taken against your club by the League Management Committee.*

Signature of Player: ..... Date: .....

Signature of Parent/Guardian: ..... Date: .....

Signature of Club Official: ..... Date: .....

**THIS FORM MUST BE RETURNED TO THE LEAGUE REGISTRATION SECRETARY  
ONLY BY A CLUB OFFICIAL, NOT A PARENT OR PLAYER**

Further copies of this registration form can be obtained at [www.ddjsf168.com](http://www.ddjsf168.com)

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# Doncaster Free Press

# **DONCASTER & DISTRICT JUNIOR**

# Sunday Football League

(CHARTER STANDARD LEAGUE – 2012)

**PLAYERS MEDICAL DECLARATION FORM**  
**PRIVATE AND CONFIDENTIAL INFORMATION**

**Team Name** .....

**Age Group** .....

**1** **Players Name** .....

**Medical condition**.....

**Medication taken** .....

**Contact Tel No**.....

**2** **Players Name** .....

**Medical Condition** .....

**Medication Taken** .....

**Contact Tel No** .....

**3** **Players Name** .....

**Medical Condition** .....

**Medication Taken** .....

**Contact Tel No** .....