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**TEAM REGISTRATION FORM- Junior Football Tournament**

**Sunday 2nd SEPTEMBER 2018 11am - 4pm**

**TEAM NAME:………………………………………………………………………….**

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| **PLAYER 1**  Name…………………………………………… D.O.B ………………………Age……………………………………… Postcode ……………..  Emergency Contact Name…………………………………….. Number……………………………………………….. Photo Consent YES / NO  Medical Conditions …………………………………………………………………. Signed Parent/Guardian ……………………………………………………… |
| **PLAYER 2**  Name…………………………………………… D.O.B ………………………Age……………………………………… Postcode ……………..  Emergency Contact Name…………………………………….. Number……………………………………………….. Photo Consent YES / NO  Medical Conditions …………………………………………………………………. Signed Parent/Guardian ……………………………………………………… |
| **PLAYER 3**  Name…………………………………………… D.O.B ………………………Age……………………………………… Postcode ……………..  Emergency Contact Name…………………………………….. Number……………………………………………….. Photo Consent YES / NO  Medical Conditions …………………………………………………………………. Signed Parent/Guardian ……………………………………………………… |
| **PLAYER 4**  Name…………………………………………… D.O.B ………………………Age……………………………………… Postcode ……………..  Emergency Contact Name…………………………………….. Number……………………………………………….. Photo Consent YES / NO  Medical Conditions …………………………………………………………………. Signed Parent/Guardian ……………………………………………………… |
| **PLAYER 5**  Name…………………………………………… D.O.B ………………………Age……………………………………… Postcode ……………..  Emergency Contact Name…………………………………….. Number……………………………………………….. Photo Consent YES / NO  Medical Conditions …………………………………………………………………. Signed Parent/Guardian ……………………………………………………… |
| **PLAYER 6**  Name…………………………………………… D.O.B ………………………Age……………………………………… Postcode ……………..  Emergency Contact Name…………………………………….. Number……………………………………………….. Photo Consent YES / NO  Medical Conditions …………………………………………………………………. Signed Parent/Guardian ……………………………………………………… |
| **PLAYER 7**  Name…………………………………………… D.O.B ………………………Age……………………………………… Postcode ……………..  Emergency Contact Name…………………………………….. Number……………………………………………….. Photo Consent YES / NO  Medical Conditions …………………………………………………………………. Signed Parent/Guardian ……………………………………………………… |
| **PLAYER 8**  Name…………………………………………… D.O.B ………………………Age……………………………………… Postcode ……………..  Emergency Contact Name…………………………………….. Number……………………………………………….. Photo Consent YES / NO  Medical Conditions …………………………………………………………………. Signed Parent/Guardian ……………………………………………………… |