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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 / NOMedical Conditions …………………………………………………………………. Signed Parent/Guardian ……………………………………………………… |
| **PLAYER 2**Name…………………………………………… D.O.B ………………………Age……………………………………… Postcode ……………..Emergency Contact Name…………………………………….. Number……………………………………………….. Photo Consent YES / NOMedical Conditions …………………………………………………………………. Signed Parent/Guardian ……………………………………………………… |
| **PLAYER 3**Name…………………………………………… D.O.B ………………………Age……………………………………… Postcode ……………..Emergency Contact Name…………………………………….. Number……………………………………………….. Photo Consent YES / NOMedical Conditions …………………………………………………………………. Signed Parent/Guardian ……………………………………………………… |
| **PLAYER 4**Name…………………………………………… D.O.B ………………………Age……………………………………… Postcode ……………..Emergency Contact Name…………………………………….. Number……………………………………………….. Photo Consent YES / NOMedical Conditions …………………………………………………………………. Signed Parent/Guardian ……………………………………………………… |
| **PLAYER 5**Name…………………………………………… D.O.B ………………………Age……………………………………… Postcode ……………..Emergency Contact Name…………………………………….. Number……………………………………………….. Photo Consent YES / NOMedical Conditions …………………………………………………………………. Signed Parent/Guardian ……………………………………………………… |
| **PLAYER 6**Name…………………………………………… D.O.B ………………………Age……………………………………… Postcode ……………..Emergency Contact Name…………………………………….. Number……………………………………………….. Photo Consent YES / NOMedical Conditions …………………………………………………………………. Signed Parent/Guardian ……………………………………………………… |
| **PLAYER 7**Name…………………………………………… D.O.B ………………………Age……………………………………… Postcode ……………..Emergency Contact Name…………………………………….. Number……………………………………………….. Photo Consent YES / NOMedical Conditions …………………………………………………………………. Signed Parent/Guardian ……………………………………………………… |
| **PLAYER 8**Name…………………………………………… D.O.B ………………………Age……………………………………… Postcode ……………..Emergency Contact Name…………………………………….. Number……………………………………………….. Photo Consent YES / NOMedical Conditions …………………………………………………………………. Signed Parent/Guardian ……………………………………………………… |