Timperley & District Junior Football League Player Registration Form 2017/18 (PLEASE COMPLETE IN BLOCK CAPITALS AND INK)

I, the undersigned, wish to be register to play U	
forJF	C
Registration Date:	••
Full Name:	
Home Address:	. .
Post Code:	
Tel No:	
Emergency Tel No:	
Date of Birth:	
School:	
Does the Player have any allergies: (provide details)	
Enclose further details with this form if required	
Does the Player have any impairment/disability:	
	•
e.g. Hearing, Visual, Cerebral Palsy, Learning, Amputee - this	
information is being requested by The FA to help identify player for the Disability Talent Pathway.	5
Joi the Disability Falent Fathway.	
Player Signature:	•••
Parents Signature:	
Club Secretary Signature:	
Registration Secretary Signature:	