



## SHGCL PLAYER REGISTRATION FORM 2017/18

PLEASE USE THIS FORM TO COLLECT DETAILS OF ALL PLAYERS YOU WISH TO REGISTER FOR YOUR TEAM, ONCE COMPLETED PLEASE FORWARD TO YOUR CLUB SECRETARY WHO WILL TRANSFER DETAILS TO THE FA WHOLE GAME SYSTEM AND SUBMIT TO THE LEAGUE MANAGEMENT COMMITTEE. THE LEAGUE WILL APPROVE THE REGISTRATIONS OR REQUEST FURTHER DETAILS IF REQUIRED.

A DIGITAL PHOTOGRAPH WILL NEED TO BE SUMMITTED TO THE LEAGUE FOR EACH PLAYER, PLEASE CONTACT YOUR CLUB SECRETARY TO ENQUIRE HOW THIS WILL BE MANAGED FOR YOUR CLUB.

THE CLUB SECRETARY SHOULD KEEP A COPY OF THIS FORM FOR FUTURE REFERENCE. PLEASE DO NOT SEND THESE FORMS TO THE LEAGUE.

<b>Club Name</b>		<b>Age Group</b>	
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<b>Surname</b>			
<b>First Name/s</b>			
<b>Player FAN if available</b>	Please add the player FAN if they have one – if not club secretaries should record the FAN here when they register the player:		
<b>Date of Birth</b>		<b>School Year 2017/18</b>	<b>Ethnicity</b>
<b>Address</b> Including Postcode			
<b>Players Signature:</b>			

<b>Medical Details:</b>	Please list any serious medical conditions and medication the club should be aware of:

<b>PARENT/GUARDIAN DETAILS:</b>	
<b>Emergency Contact No:</b>	
<b>Name and relationship to player:</b>	
<b>Signature:</b>	

A parental signature gives permission for your daughter to play football for the above Club and is agreement to abide by the League code of conduct and FA Respect campaign. It also gives permission for photographs to be taken at League events.

<b>Has the player previously been registered for a team in the Sheffield and Hallamshire Girls County League</b>		
<b>Tick ✓</b>		
	<b>YES →</b>	<b>NAME OF CLUB:</b>
		<b>AGE GROUP:</b>
	<b>NO →</b>	<b>YOU MUST attach a copy of the players BIRTH CERTIFICATE/PASSPORT/DRIVING LICENCE which the Secretary should then email to the League Registrar for inspection.</b>

PLEASE REMEMBER PLAYERS ARE NOT REGISTERED UNTIL THEY HAVE BEEN APPROVED BY THE SHGCL MANAGEMENT COMMITTEE.