



TEAM REGISTRATION FORM 2016 / 17

CLUB _____ TEAM NAME _____ AGE GROUP _____

Please glue
**Face Only
Passport
Quality**
photo of
Player 1
in this box

Please glue
**Face Only
Passport
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photo of
Player 2
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Player 3
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Player 8
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photo of
Player 9
in this box

Please glue
**Face Only
Passport
Quality**
photo of
Player 10
in this box

You must submit completed forms on one of the following evenings at Imber Court (Conference Room 7.00pm-8.30pm)

Thurs 30th June, Mon 18th July, Mon 25th July, Thurs 28th July, Mon 15th August

GUIDELINES FOR COMPLETING THIS FORM (2 PAGES)

- 1) Enter your Club name, Team name (Colts/Juniors/Reds/Blues etc) and Age Group on both pages of this form.
- 2) Glue (not staple) trimmed passport - quality photo of players face in box corresponding to the players details on page 2. Photographs must be of good quality - no photocopies / scanned images onto paper.
- 3) Players details - should be entered on page 2 and players must sign to confirm their desire to play for your team. Players signatures must be witnessed / countersigned by the players parent / guardian. Clubs cannot sign on their behalf.
- 4) Enter the players "Prawn Sandwich" registration number on the form. This number will be found on last seasons ID card if player remained at your Club – if a new player to your Club the number is generated by entering details onto Prawn Sandwich.
- 5) Proof of date of birth is required for each player being registered. This can be last seasons SYL ID card (no other League ID's acceptable) or photocopy (not originals) of birth certificate, passport, medical card, etc.
- 6) Club/Team secretary must countersign the form **which will be rejected if any details are missing or photos of poor quality.**
- 7) Once completed, bring along to a Registration "Surgery" – dates as above – together with proof of dates of birth and registration fees (cheques payable to "Surrey Youth League") as follows:

U7 / U8 Free until 30th November thereafter **£2.50** per player

U9 / U10 / U11 (Surgery Registrations) Free until 30th June thereafter as per All Other Age Groups

All other Age Groups (Surgery Registrations) **£2.50** per player until 31st July then **£5.00** per player until 15th August

Postal Registrations 16th August - 11th September **£7.50** per player thereafter **£5.00** per player.

**Please arrange to collect your players ID Cards on the collection evening at Imber Court:
THURSDAY 1st SEPTEMBER 2016 – see website for Club collection times**

After 15th August 2016 all Registration Forms, together with proof of dates of birth, cheques for registration fees and a self addressed stamped envelope should be posted to:

Alan Watson, 17, Victoria Drive, Blackwater, Camberley, Surrey GU17 0PL

CLUB _____ **TEAM NAME** _____ **AGE GROUP** _____

Player No	First Name	Surname	Date of Birth	House No / Name	Postcode	Prawn Sandwich Registration No.	Players Signature	Signature Parent / Guardian
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

ONCE COMPLETED THIS FORM SHOULD BE BROUGHT ALONG TO ONE OF THE REGISTRATION SURGERIES TOGETHER WITH PROOF OF DATES OF BIRTH AND CORRECT REGISTRATION FEES

I hereby certify that I have checked the above details and they are correct. I enclose Birth Certificates or other approved proof of age for each player listed. I accept that I am responsible for the accuracy of all registration details and compliance with League Constitution Clause X and that the omission, incorrect or false completion of the details may render the registration ineligible within the meaning of SYL constitution. By signing this form both player & Club agree to abide by all registration rules as listed in the appropriate section of the current handbook / website and that ignorance or lack of understanding of these rules is not a valid reason for the SYL not applying them or indeed for any appeal against implementation of the sanction the SYL may apply for breaking those rules. This expressly covers any aspect of Professional Academy Player Status and International Clearance. I accept responsibility on behalf of the Club for gathering & recording any known serious medical conditions of the Player and emergency contact details of the Player's parents or guardians. These details must be available at matches and training events the Player attends within the management of the Club or Competition.

SIGNATURE OF CLUB / TEAM SECRETARY _____

DATE ____ / ____ / ____