

Age Group: \_\_\_\_\_ Saturday/Sunday  
 Club Name: \_\_\_\_\_ Delete Appropriately  
 Team Name: \_\_\_\_\_  
 Boys/Girls: \_\_\_\_\_

## Existing Player Registration Form 2016/17



Complete in **BLOCK CAPITOLS**  
 All information provided is confidential

	Surname	First Names	D.O.B.	Players Signature	Parent Phone Number	Medical Conditions	Parents Signature
1							
2							
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20							

Club Secretary Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

This form must be completed along with the Player Photo Registration form and returned to the league

League Address - Mckendrick Villas, Cowgate, Newcastle, NE5 3AB

[admin@pinpointjuniorleague.co.uk](mailto:admin@pinpointjuniorleague.co.uk)