



Raynes Park Little League

Chair: Peter Brown
 9 Belmont Avenue
 New Malden
 KT3 6QE
 020 8942 2793

Treasurer: Alistair Coker

Secretary: Cliff Wilson
 81 Byron Avenue
 Motspur Park
 Surrey KT3 6EY

raynesparkll@hotmail.com

REGISTRATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

FIRST NAME:	ADDRESS:	FOR OFFICIAL USE ONLY:-
SURNAME:	POSTOODE	TRIAL No.
M <input type="checkbox"/> F <input type="checkbox"/>	TEL:	LEAGUE AGE:
DATE OF BIRTH:		TEAM:
SCHOOL NAME		CURRENT YEAR:
EMAIL ADDRESS (BLOCK CAPITALS):		
DO YOU HAVE ANY RELATIONS IN THE LEAGUE NOW:		IF YOU PLAY FOR A TEAM HERE NOW, STATE WHICH TEAM:
NAME:		TEAM:-
TEAM:		
GIVE DETAILS OF ANY RELEVANT ILLNESS:		
WHICH FOOT DO YOU KICK WITH: LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BOTH <input type="checkbox"/>		
PREFERRED POSITION: ALTERNATIVE POSITION:		
PREFERRED SATURDAY MORNING SPORT/HOBBY		
FOOTBALL <input type="checkbox"/> RUGBY <input type="checkbox"/> OTHER <input type="checkbox"/> (PLEASE STATE).....		

I/We, the Parent/Guardian of the above named candidate, hereby give consent to their participation in any and all Little League matches.
 I/We do not hold the organisers responsible for any claims arising out of any injury to my/our charge except to the extent and in the amount covered by the Personal Accident Insurance Policy arranged by Little League Football.
 I/We agree to return, upon request, all kit and equipment issued to my/our charge in as good condition as when issued to them, apart from normal wear.
 I/We agree to stay with my/our charge for the WHOLE TIME THAT THEY PARTICIPATE IN THE BANTAM LEAGUE.

PARENT/GUARDIAN SIGNATURE:	DATE:
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