



Raynes Park Little League

Playing for fun is better than winning at all cost

Registration form

PLEASE COMPLETE IN BLOCK CAPITALS

FIRST NAME:	SURNAME:	FOR OFFICIAL USE ONLY TRIAL NUMBER: <input type="text"/> LEAGUE AGE: <input type="text"/> TEAM: <input type="text"/>
DATE OF BIRTH:	GENDER: <input type="radio"/> Male <input type="radio"/> Female	
ADDRESS:		
POSTCODE:	TEL:	
EMAIL ADDRESS:		
DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS WE NEED TO BE AWARE OF? If so please give details:		
SCHOOL:	CURRENT SCHOOL YEAR:	
IF YOUR CHILD CURRENTLY PLAYS IN A TEAM AT RPLL, PLEASE STATE WHICH TEAM:		
WHICH FOOT DOES YOUR CHILD KICK WITH: <input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both		
PREFERRED POSITION:	ALTERNATIVE POSITION:	
DO YOU HAVE ANY RELATIONS CURRENTLY PLAYING AT RPLL?		
NAME:	TEAM:	

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:

Chair Peter Brown

Treasurer Alistair Coker

Secretary Christina McLeay

Email raynesparkll@hotmail.com

Website www.raynesparklittleleague.com