

Warwick Juniors Players Signing On Form 2019-20 Season

|  |
| --- |
| **PLAYER’S DETAILS**  |
| Players Name |  |
| Team  | **WARWICK JUNIORS**  |  | Age Group | Under ’s |
| Date Of Birth |  |  |
| School as of September 2019 |  |  |
| Home Address(incl. postcode) |  |
|  |
|  |  |
| Parents Home No: |  |
| Parents Mobile No: |  |
| Email Address:(please print so can read) |  |
| Players Signature |  |  Date |  |

|  |
| --- |
| **PARENT’S / GUARDIAN’S CONSENT** |
| 1. I Consent to my son/daughter playing for Warwick Juniors Football Club.
2. I understand that all kit will be returned to the manager if my son/daughter leaves the club.
 |
| Parent/Guardian's Signature |  | Date |  |

|  |
| --- |
| **MANAGERS SIGNATURE**  |
| 1. Manager will be responsibility for making sure the player is at the right age to play in this leagues age group.
 |
| Managers Signature |  | Date |  |