

Warwick Juniors Club Signing On Form 2017-18 Season

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PLAYER’S DETAILS** | | | | |
| Players Name |  | | | |
| Team | **WARWICK JUNIORS** |  | Age Group | Under ’s |
| Date Of Birth |  | |  | |
| School as of September 2017 |  | |  | |
| Home Address (incl. postcode) |  | | | |
|  | | | |
|  |  | | | |
| Parents Home No: |  | | | |
| Parents Mobile No: |  | | | |
| Email Address:  (please print so can read) |  | | | |
| Players Signature |  | | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENT’S / GUARDIAN’S CONCENT** | | | |
| 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 |  |