

**Timperley & District Junior Football League**

(TO BE COMPLETED IN BLOCK CAPITALS & IN INK)

I, the undersigned, wish to be registered to play U ..... for  
.....JFC

Name .....

Address .....

Telephone no .....

Emergency contact no.....

D.O.B. ....Date Registered.....

School .....

Players signature .....

Does the player suffer have any allergies ?.....Yes / No

Does the player have a physical disability ?.....Yes / No

If you have answered YES to either of the above please

enclose details with this registration form.

Parents signature .....

Club Secretary signature .....

Registration secretary signature .....

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Club .....

Name .....

DOB .....

Signed .....

Divisonal Secretary

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