**Confirm this player was registered with your club in this league last season \*YES/ NO**

**\*If YES you must enclose this players last season’s LCSYFL Players ID card.**

**\*If NO you must attach a copy of this players Passport / Birth Certificate.**

**(\* Please delete as appropriate)**

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| --- | --- | --- | --- |
| **Club Full Name** | Lambeth Tigers FC | | |
| **Team name (as per league records)** | Lambeth Tigers | | |
| **Age Group & Division** | **Age Group:-** | **Division:-** | |
| **PRINT PLAYERS NAME** |  | | |
| **Date of Birth** |  | | |
| **Address** |  | | |
| **Post code** |  | | |
| **Photographic consent given** | **\*Yes/No (\* Please delete as appropriate)** | | |
| **Parent/Guardian contact number** |  | | |
| **Please declare any serious medical condition that your club / Manager need to be aware of.** |  | | |
| **Club contact telephone number** | Chris Bunyan 07760 173054 | | |
| **Parent/Guardian Signature** |  | | |
| We confirm that the above information is true, that the player is not a member of any other club, not an Academy Player and we agree to be bound by the London County Saturday Youth Football League rules. | | | |
| **Club Secretary Signature** |  | | **Date:** |

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| **PLAYERS SIGNATURE**  **PLACE PLAYERS FACE ONLY PHOTO IN THE BOX** |
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