



U8 / U10

**PRIMARY FOOTBALL LEAGUE REGISTRATION FORM
2018/19 SEASON**

Please read the contents on both sides of this Form. Then complete all of the blank spaces in '**BLOCK CAPITALS**' unless otherwise indicated. The details provided must relate to ONE child only.

TEAM NAME:		
NAME OF PLAYER (IN FULL):		
HOME ADDRESS:		
	POSTCODE:	
PLAYERS DATE OF BIRTH:		HOME TEL No.
E-MAIL ADDRESS:	ALTERNATIVE (CONTACT) TELEPHONE No.	
SCHOOL / YEAR TO BE ATTENDED AS FROM SEPTEMBER	SCHOOL	SCHOOL YEAR
FIRST AND SURNAME(S) OF PARENTS/GUARDIANS GIVING THEIR PERMISSION:		
NAMES OF OTHER CHILDREN IN THE FAMILY (TO BE) REGISTERED WITH THIS OR THE PREMIER LEAGUE, [PLUS THE NAME OF THE TEAM] FOR WHOM (A) SEPARATE FORM(S) IS/ARE BEING OR HAS / HAVE BEEN COMPLETED:	CHILD'S NAME	TEAM NAME
	_____	_____
	_____	_____

HEALTH

The PBFL does not hold trials; team places are offered to all children who are keen to play. However, the health and fitness necessary to play is the responsibility of the parent(s)/guardian(s). Football is a physical sport. The Executive Committee is concerned about the wellbeing of all children playing in this League. Therefore, if the child mentioned above has any medical (or other) condition – (e.g. suffers from breathlessness, allergies to plasters, or has any physical problem), that the Team Manager or the Committee ought to be made aware of, then please provide the relevant details below.

When you or any other representative(s) of the family is/are unable to attend the ground, do we have permission to provide basic First Aid or, if more serious, arrange for hospital treatment?

YES / NO

CODE OF CONDUCT

Please read the associated summary of the **League's Code of Conduct Rules**. The Executive Committee requires these Rules to be properly observed as they exist in the interests of all concerned. You are therefore asked to make your child, and any other members of your family who may attend the Ground, aware of the contents. These are available either on request or on our website.

www.pbfl.co.uk

P.T.O

START OF SEASON REGISTRATON REQUIREMENTS

This Registration Form should be completed and signed, and handed in to the Team Manager with the appropriate fee. The Team Manager will be required to pass these to the Treasurer. This will, in turn, ensure that the child whose details are provided overleaf is recorded as eligible to play for the aforementioned team in the League. **A playing kit will only be provided if the fee is fully paid.**

FEES PAYABLE AND METHOD OF PAYMENT

The fee per child is **£75** in the **Primary** League. There is a reduction in fee of **£5** from the relevant fee for each further child in the same/immediate family.

All cheques should be made payable to the **P.B.F.L.**

PAYMENT AND TEAM ALLOCATION ENQUIRIES

Any enquiries about payment not covered by the above details should be referred to the **Treasurer**; Andy Beckett (email andy.beckett@pbfl.co.uk). Any enquiry about player allocation should be referred to the **Registration Secretary**; Martin Bright (email registrations@pbfl.co.uk).

CLAIMS FOR REFUNDS

Where a refund is sought for a specific reason, and this is agreed, the amount due will be based on the number of games played since the start of the season. A fee of **£5** will be deducted for administration costs.

GENERAL DATA PROTECTION REGULATION (GDPR)

The PBFL has a data protection policy in place which describes how we use your personal information. By signing the form below you agree that the PBFL can hold personal and sensitive data for you and your child in accordance with the PBFL's data protection policy, which is available on request from any Committee member or on our website.

DECLARATION TO THE REGISTRATION SECRETARY

1. I/we have read the separate summary containing the **Code of Conduct Rules** and agree with the aims of the PBFL. An undertaking is made on behalf of my/our family to give the Executive Committee our full support.
2. I/we understand that I/we am/are making a commitment on behalf of the above mentioned child to see he/she attends regularly and in good time for the scheduled kick-off time of every match. I/we appreciate that failure to give adequate advance warning of my/our child being unable to attend on a particular match day could adversely affect the Team; and if this leads to insufficient players being available to play the match, then the Team's opponents will also be affected.
3. I/we undertake to let the Team Manager know immediately if the child is selected to play sport for their school or borough team on Saturday mornings during the football season.
4. I have read and checked the entries that I/we have made overleaf. I/we the undersigned confirm that the details given are, to the best of my/our knowledge, accurate.
5. I/we understand that until pitch resources have been secured, the PBFL Committee reserve the right to adjust the annual subscription fee to reflect any change in overall costs.

SIGNED: (Mr. Mrs. Ms. Miss) _____ **DATE:** _____20
(Parent / Guardian)

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OFFICIAL RECORDS ONLY

REGISTRATION SECRETARY		TREASURER		
Cancellation Date	No. of games played	Amount refunded	Reinstatement Date	Reduced Fee paid