



Derby Mini-Soccer League

FORM C Player Registration

Please read these important points before completing:-

On signing a registration form for the DCMSL, the player/parent/guardian do hereby agree to accept the Rules of the League.

It shall be deemed misconduct for an individual to submit a registration form that he/she has wilfully neglected to accurately or fully complete.

Having signed/re-registered for one Club in the League, it shall be deemed misconduct to sign for another in the DCMSL for that season, except for the purpose of transfer, where applicable.

The League will only support transfers in exceptional circumstances. You should only register if you intend to remain with the team identified for the whole of the season in question.

Players Last Name _____

Players First Names _____

Date of Birth _____

Usual Address _____

_____ Post Code _____

Emergency Contact _____ Tel _____

Name of School _____

Known Serious Medical Condition _____

Club Name _____

Team Name _____ Age Group _____

Parent's Signature _____

Player's Signature _____

Secretary's Signature _____

*Your
Photographs
must be the
size of this box.*

The Club Secretary shall complete this section:

The information in this section is required to be available at all events the player attends within the management of the Club or Competition.

Players Name _____

Address _____

Club Name _____

Team Name _____ Age Group _____

Known Serious Medical Condition _____

Emerg. Contact _____ Tel _____

The League Registration Secretary shall complete this section.

Player Registration No. _____ Date Player Registered _____

Date Player is Eligible to Commence Playing _____

The player shown above is hereby registered to play for the said team.

Registration Secretary Signature _____

This section to be completed by the Club Secretary in the event of a transfer being granted by the Derby Community Mini-Soccer League.

The Football Club shown hereby release this player. I can confirm they have cleared all obligations to this Club in accordance with DCFA Ltd regulations.

Players Name _____ Club _____

Secretary Signature _____