



St Ives Rangers

Seniors Registration Form

Manager: **Team:**

Player Details

Players Full Name:

Home Address:

Post Code: Telephone Number:

Place of Birth: Date of Birth:

School: Mothers Maiden Name:

Are you currently registered with a Football Club ? YES / NO

If YES, [lease give name of Club:.....

I wish to be registered with St Ives Rangers Football Club for the season / I agree to abide by the rules of the Club and enclose a registration fee of £

Signed: Date:
(Player)

Signed: Date:
(Parent/Guardian, where Player is under the age of 18)

Consent

*I agree / do not agree that any authorised photographs taken on behalf of the Club may be used for publicity purposes in local newspapers and the Club website as deemed appropriate by the Club.

Name (Block Capitals):

Signed: Date:
(Parent/Guardian, where Player is under the age of 18))

* Delete as necessary.