



# RAYNES PARK LITTLE LEAGUE FOOTBALL

President: **E. A. Dribble**

Vice-President: **P. T. Phillips**

Chairman: Benito Meza-Diaz  
35 Westway Close  
Raynes Park  
SW20 9LN  
020 8540 4509

Treasurer: Sheila Neenan  
52 Overdale Avenue  
New Malden  
Surrey KT3 3UF  
020 8942 9259

Secretary: Simon Lopeman  
8 Woodlands Ave  
Worcester Park  
Surrey KT4 7AN  
020 8337 9692

email: RaynesParkLL@yahoo.co.uk

## REGISTRATION FORM

**PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN TO APPROPRIATE LEAGUE SECRETARY**

SENIOR: Russ Crandley

JUNIOR: Graham Brown

BANTAM: Elisabeth Brown

FIRST NAME:	ADDRESS:	FOR OFFICIAL USE:-	
SURNAME:	POSTCODE	TRIAL No:	
DATE OF BIRTH:	M <input type="checkbox"/> F <input type="checkbox"/>	LEAGUE AGE:	
SCHOOL YEAR NOW:	TELEPHONE:	TEAM:	
E-MAIL ADDRESS ( <b>BLOCK CAPITALS</b> ):			
DO YOU HAVE ANY RELATIONS IN THE LEAGUE NOW:		IF YOU PLAY FOR A TEAM HERE	
NAME:		NOW, STATE WHICH TEAM:	
TEAM:			
GIVE DETAILS OF ANY RELEVANT ILLNESS:			
WHICH FOOT DO YOU KICK WITH: LEFT <input type="checkbox"/>		RIGHT <input type="checkbox"/>	BOTH <input type="checkbox"/>
PREFERRED PLAYING POSITION:		ALTERNATIVE POSITION:	

I/We, the parent(s) of the above named candidate, hereby give our consent to our child's participation in any and all Little League matches.

I/We do not hold the organisers responsible for any claims arising out of any injury to my/our child, except to the extent and in the amount covered by the Personal Accident Insurance Policy arranged by Little League Football.

I/We agree to return, upon request, all kit and equipment issued to my/our child in as good condition as when issued to him, apart from normal wear.

I/We agree to stay with my/our child for the

**WHOLE TIME THAT HE IS PARTICIPATING IN THE BANTAM LEAGUE.**

PARENT/GUARDIAN SIGNATURE:	DATE:
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