

# Football Team Registration Form

## Team Information

Team Name: \_\_\_\_\_

Division (e.g., U14, U16, Adult): \_\_\_\_\_

Coach/Manager Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

## Players Information

### Player 1:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Contact: \_\_\_\_\_

Position: \_\_\_\_\_

### Player 2:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Contact: \_\_\_\_\_

Position: \_\_\_\_\_

## Emergency Information

Each player is required to provide emergency contact details:

Player Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Consent & Release**

**By signing this form, I confirm that the players listed are physically fit to participate and that I accept responsibility for any injuries.**

**Coach Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_