

# TEMPORARY REGISTRATION FORM



<b>NAME OF PLAYER:</b>	
<b>DATE OF BIRTH:</b>	
<b>ADDRESS:</b>	
<b>PRIMARY CONTACT NUMBER:</b>	
<b>EMAIL ADDRESS:</b>	
<b>NAME OF PARENT:</b>	
<b>TEAM</b> (please include managers name if known)	
<b>ANY HEALTH ISSUES:</b>  <b>Enter N/A if none</b>	
<b>SCHOOL</b>	
<b>PARENTS SIGNATURE:</b>	
<b>DATE:</b>	

I have completed this form and given the above information for my child to play at Cuckfield Cosmos Football club for one of the following reasons (please tick the appropriate one)

	We are attending Summer training to trial out for the above age group, and if we decide to join we will register by September
	We have come along for a 3week trial, after which if we decide to stay, we will complete the appropriate forms.
<b>For office use only</b>	
Manager Aware	
Signed up Online	