HIGHTOWN JFL
JUNIOR FOOTBALL LEAGUE

PLAYER REGISTRATION FORM

Player Name:	School:	Date of Birth:

Coach/Manager Name:	Date:
Signature:	Club Name:

I, the afore-mentioned team coach/manager, hereby declare that details above are accurate. The above player is eligible to play on Saturday, Sundays or Midweek. To be completed in INK and in BLOCK CAPITALS It is the duty of the CLUB SECRETARY to ensure that this form is complete and the statement is TRUE