**Lichfield & District Recreational League 2018/2019**

**Founded 1968** **(STAFFORDSHIRE F.A.)**

**Presidents:** **Mr David Ramsbottom,** **Mr S Allan-Smith**



**Chairman. League Secretary Treasurer**

Mr Barry Lee Mrs Michaela Hollinshead Mrs T L Lee

4 Lawson Close 10 Croxley Drive 4 Lawson Close

#### Aldridge Hednesford Aldridge

West Midlands Staffs West Midlands

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Tel: 01922 861374 Tel: 07803 256024 Tel: 01922 861374

#### Mob 07957422145 Email k.j.hollinghead@btinternet.com Mob 07957331745

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 Dear General Secretary,

**MEMBERSHIP APPLICATION FORM - SEASON 2018/2019**

Please find attached the necessary forms to complete for membership application to the Lichfield & District Recreational League for the coming season. These include an Application Form, Individual Team Details Form, Team & Club Form and Rule Acceptance Form, all of which must be completed fully and returned to the League Secretary by the 1st June 2018.

NAME OF CLUB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME OF GENERAL SECRETARY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (**AS THE NOMINATED OFFICIAL FOR SENDING & RECEIVING OF CORRESPONDENCE)**

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ALL CLUBS MUST PROVIDE AN EMAIL ADDRESS FOR CORRESPONDENCE)

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POST CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSURANCE COMPANY [PUBLIC LIABILITY]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSURANCE COMPANY [PERSONAL ACCIDENT]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE INDICATE THE NUMBER OF TEAMS FOR THE RELEVANT AGE GROUP IN THE BOXES BELOW

 **U7 (5 a-side) U8 (5 a-side) U9 (7 a-side) U10 (7 a-side) U11 (9 a-side)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 **U12 (9 a-side) U13 (11 a-side) U14 (11 a-side) U15 (11 a-side) U16 (11 a-side)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 **U17 (11 a-side) U18 (11 a-side)**

|  |  |
| --- | --- |
|  |  |

HAVE ANY OF THE TEAMS APPLYING FOR MEMBERSHIP OF THIS LEAGUE APPLIED FOR OR ARE APPLYING FOR MEMBERSHIP OF ANY OTHER LEAGUES? YES / NO **\*** IF YES SUPPLY FULL DETAILS ON THE REVERSE

HAS YOUR CLUB / TEAM DISCHARGED ALL ITS OBLIGATIONS TO ANY AND ALL LEAGUES THAT IT HAD MEMBERSHIP OF LAST SEASON? YES / NO \* IF NO SUPPLY FULL DETAILS ON THE REVERSE

**(CHECKS MAY BE MADE WITH THE LEAGUE SECRETARY)**

A **£50** entry fee per Team must accompany applications from all **NEW TEAMS**, which if elected at the AGM will serve as the required deposit. If NOT elected the entry fee will be returned. All Clubs MUST attend the AGM on Monday 19th JUNE 2017 at Lichfield Social Club, Purcell Avenue, Lichfield, commencing 7-30PM. **All attached Forms, together with the relevant Deposits, must be returned to the league secretary by 21st May 2018.**

**FOR COMPLETION BY ALL CLUBS & TEAMS - ALL QUESTIONS MUST BE ANSWERED FULLY**

Have you ever been refused registration to any League? YES / NO

Is your Club affiliated to Staffordshire FA? YES / NO

Is your Club affiliated to any other Association? If so, which Association?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation Number 2018/19

Number of teams and age groups within your Club Teams:

 Age Groups:

Is your Club Charter Standard YES / NO Date of Award:

**Please enclose a copy of your Club Codes of Conduct for Players, Club Officials/Coaches, Spectators, and Parents.**

FOR INFORMATION ONLY – PLEASE BE AWARE THAT THERE MAY BE A SMALL NUMBER OF NIGHT MATCHES.

Full name, address and telephone number of THREE Club officials, one of which must be the General Secretary:

1. Name :

Address:

Telephone: Email:

Position within the Club:

1. Name :

Address:

Telephone: Email:

Position within the Club:

1. Name :

Address:

Telephone: Email:

Position within the Club:

Full name, address and telephone number of the **Club Welfare Officer:**

Please note that the Club Welfare Officer must **have**:

1. A completed enhanced CRC disclosure
2. Completed the FA Safeguarding course & Welfare Officers Workshop

Name:

Address:

Telephone:

E-mail address:

**NEW TEAMS –** Please give details of LEAGUE and DIVISION for season 2017-18 below.

 Please provide a League Table for each new team. (League Table not applicable for U7, U8, U9 and U10 teams).

Name of previous League:

Please state your respective team’s position at the end of season 2017-18:

Division: League Position: No. of teams in Division:

Cup Competition:

Shield Competition:

Any comments / information you consider applicable to your application can be stated below:

Please continue on the reverse of the page if necessary.

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##### SEASON 2018/2019 RULE ACCEPTANCE [RULE 7]

The Chairman and the Secretary of each Club shall complete and sign the following agreement which shall be deposited with the Competition together with the Application for Membership for the coming season or upon indicating that the Club intends to compete**.**

**We,**

**Name in block capitals**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Chairman)**

**Name in block capitals**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Secretary)**

**Of the** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Football Club**

have been provided with a copy of the Rules and Regulations of the Lichfield and District Recreational Competition and do hereby agree for and on behalf of the said Club to, if elected or accepted into Membership, to conform to those Rules and Regulations and to accept, abide by and implement the decisions of the Management Committee of the Competition, subject to the right of appeal in accordance with Rule 16.

**Signed**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Chairman) Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Secretary) Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Club Welfare Officer) Date:** \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Any alteration of the Chairman and / or Secretary on the above Agreement must be notified to the County Football Association to which the Club is affiliated and to the Secretary of the League.

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This agreement form must be returned to the League Secretary with the completed Application Form unless otherwise stated.

Clubs failing to do so may be held to be in breach of Rule 5(H).

ANY CLUB THAT HAS NOT SUBMITTED A FULLY COMPLETED RULE ACCEPTANCE FORM TO THE LEAGUE SECRETARY MAY FIND THAT THEIR APPLICATION FOR MEMBERSHIP IS JEOPARDISED.