

**South East London & Kent Youth Football League
Season 2024/2025**

# Referee Registration Form

**Please complete your details below, we ask that you enter the correct County Registration number for season 24/25 the number we require is your receipt payment number that you receive when you have paid your County Affiliation Fee for season 2024-2025.**

**Please do not enter your Fan number instead of your County Receipt Number as this does not confirm you have registered with your County for the new season. Once completed please return to the League Secretary (****sally@selkentsecretary****.com) as an e-mail attachment.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | **County Receipt Registration Number:** |  |
| **Mobile Number** |  | **County Registered with** |  |
| **Email Address:** |  | **Current Referee Level:** |  |
| **Date of Birth &** **Age:**  |  |  | **DBS Certificate Number:**(**16 & above**) |  |
| **Door Number & Postcode:** |   | **DBS Certificate Expiry Date:** |  |
| **Do you have your own Transport:** |  **Yes**[ ]  **No**[ ]  |  | **I agree to complete the on-line Referee match card within one the day of the said match** [ ]  |

**Please indicate your preferred age groups by marking the appropriate boxes:
(Please note that although you tick the below preferred age groups, we may also appoint you to games that has not been ticked below. These appointments would always be in line within the County guidelines.**

|  |  |  |
| --- | --- | --- |
| **11-A-Side** | **11-A-Side** | **9-A-Side** |
| * U13 [ ]
 | * U16 [ ]
 | * U11 [ ]
 |
| * U14 [ ]
 | * U17/U18 [ ]
 | * U12 [ ]
 |
| * U15 [ ]
 | * U19/U21 [ ]
 |  |

|  |
| --- |
| **Club Association: Are You a Member or Related to a Member of a Club in this League.** Yes[ ]  No[ ]  |
| **Club Name:** |  |
| **Position: (i.e., Parent, Player, Manager etc)** |  |
| **Players must give the Team name and Age group they are associated with.**  |  |
| **Date:** |  |