**Lichfield & District Recreational League 2023/2024**

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

**Presidents:** **Mr David Ramsbottom,**

**Chairperson**

Tracey King

60 Donegal Road

West Midlands

B74 2AB

Tel: 07782489726

Email – traceykldrl@outlook.com

 Dear General Secretary,

**MEMBERSHIP APPLICATION FORM - SEASON 2023/2024**

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

31st AUGUST 2023 At the above address.

NAME OF CLUB:

NAME OF GENERAL SECRETARY:

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

(ALL CLUBS MUST PROVIDE AN EMAIL ADDRESS FOR CORRESPONDENCE)

EMAIL:

ADDRESS:

POST CODE:

SIGNATURE: TEL 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) U19 (11 a-side) U20 (11 a-side) U21 (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 BELOW.

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 BELOW

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

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

Have you ever been refused registration to any League? YES / NO, If yes please state why.

**Club information required**

Compulsory information Required on the following positions, if not complete the application will be refused.

**Club Welfare Officer: Club Chairman: Club Secretary: Club Treasurer.**

Full name, address and telephone number and e mail address 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:

Full name, address and telephone number and e mail address of the **Club Chairman:**

Name:

Address:

Telephone:

E-mail address:

Full name, address and telephone number and e mail address of the **Club Secretary:**

Name:

Address:

Telephone:

E-mail address:

Full name, address and telephone number and e mail address of the **Club Treasurer:**

Name:

Address:

Telephone:

E-mail address:

**NEW TEAMS –** Please give details of LEAGUE and DIVISION for season 2022-23 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 2022-2023

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

Cup Competition:

Shield Competition:

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**.**

**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.

**Any alteration of the personal, i.e. Chairman, Secretary Welfare officer or Treasurer must be notified to the County Football Association to which the Club is affiliated and to the Secretary of the League.**

---------------------------------------------------------------------------------------------------------------------------------------------------------

**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.