Y.O.U.F.F

Young Ones United Football Foundation

Name Of Team

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Age Group (Circle) U18's / Open Age / Vets

Names	D.O.B	Email / Phone (Parents if U18's)	Dietary Requirements	Medical Issues (Y/N)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Team Coach/Manager & Team Captain

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Medical Issues continued (State Player No.)

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Please confirm that ALL of the TEAMS Players and Players parents/caregivers give permission for images and video to be shared online and on the YOUfF social media channels. (Y/N)

Y / N (Alternatively state which players do not have / give permission below.)

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