Yorkshire Junior & Youth League New Club Application Form

**Name and Address (inc postcode) of Club**

**Please give details if playing/changing/after game food are delivered in different venues.**

|  |  |
| --- | --- |
| Junior Chair | Name. |
| Junior Secretary | Name. |
| Junior Treasurer | Name. |
| Club Welfare Officer | Name. |
| ***The above named volunteers must also be documented in the management section******of the CRF1 form*** |

Do you have a constitution in place? Y/N (Please attach a copy)

How many teams do you wish to register and what age groups. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you understand the rules around how many registered (new) players you must have signed on at each age group **BEFORE** you are permitted to transfer in players? Y/ N

New Clubs with only 1 team, will you be looking to expand and form more teams in the future. Y/ N

How many coaches do you have \_\_\_\_\_\_ of these how many are UKCC qualified \_\_\_\_\_\_

1. Coaches name.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coaching ID No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level \_\_

2. Coaches name.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coaching ID No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level \_\_

3. Coaches name.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coaching ID No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level \_\_

4. Coaches name.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coaching ID No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level \_\_

If you have anymore coaches please document above. ***The coaches details must also be documented on the CRF1 form***

How many First Aiders do you have.\_\_\_\_\_\_\_ ***Provide qualification details & expiry dates on the CRF1 form***

How many Game Day Managers do you have\_\_\_\_\_\_\_\_ ***Provide names on the CRF1. All GDM’s must complete the online course***

**Continued ………**

Do the premises you use have the following:

Shower facilities with hot and cold water. Y / N How many shower heads.\_\_\_\_\_\_\_.

Dressing rooms. Y / N How many\_\_\_\_\_\_\_\_. Toilet facilities Y / N.

Is your Pitch / Playing area surrounded by a permanent barrier around the Pitch / Area. Y / N.

If NO do you have equipment (Rope and Pins etc) to make a temporary barrier around the Pitch / Area. Y / N.

Are the facilities and pitch(es) available on the default days and times for the age groups you plan to run. Y / N. *If you are unable to play at the default times on a regular basis, this may result in your membership being cancelled.*

**A meeting with your management and an inspection of the facilities will be done by members of YJYARL Management**

I confirm the above information is true and correct and apply for Membership of the Yorkshire Junior and Youth League

Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternative Contact Details:-**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_