



SOUTHERN COMBINATION FOOTBALL LEAGUE REGISTRATION FORM 2024-25



Full Name of Club	
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Status of Registration *	Contract	Non-Contract	Short Loan	Long Loan	Work Experience
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* Delete not applicable.

Full Name of Player (PLEASE PRINT)	Surname				
	Forename(s)				
Date of Birth [dd/mm/yyyy]			Email Address		
Nationality & Place of Birth			Contact Telephone No.		
Is this player a goalkeeper?		YES / NO			
FULL Current Postal Address		Town			Post Code
Last Club					
Other Clubs This Season					
Have you ever registered for a Club outside England*	YES / NO		In signing this form, you are making a declaration that you are <u>not currently</u> registered under written contract with another Club, can you confirm this?		YES / NO
Has an International Clearance Certificate been granted allowing you to play in England*	YES / NO				
Please list all Clubs & country played for outside of England?*	Club(s)/Country				

* You must include Clubs playing in Northern Ireland, Scotland & Wales

Player's Signature		Date	
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I certify that the above information is correct, and I consent to the information that I have provided on this form being used by the League for any purposes under the General Data Protection Regulation 2016/679.

NB. If player is aged under 18 on 1st September then witness MUST be players PARENT/LEGAL GUARDIAN

Signature of Witness		Date	
Name of Witness [please print]	Address of Witness [please print]		

NB: I confirm I was present when the player signed this form

(The above witness can be the same as the Club Official signing this form provided they were present when form completed)

Signature of Club Official		Date	
Address of Club Official			