



REGISTRATION No.	DATE REGISTERED	INITIALS

Above three boxes for official use only



SOUTHERN COMBINATION FOOTBALL LEAGUE - YOUTH REGISTRATION FORM 2019-20

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]		Place of Birth			
Nationality		Contact Telephone No.			
Is this player a goalkeeper?	YES / NO				
FULL Current Postal Address			Post Code		
	Town				
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 registered</u> 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.

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

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

Signature of Club Official		Date	
Address of Club Official			

Please indicate if this form was sent via e-mail?*	YES / NO		
If YES, state	Date:		Time: