

SOUTHERN COMBINATION FOOTBALL LEAGUE YOUTH REGISTRATION FORM 2024-25

TheFA
10 TO

Full Name of Club	

Status of Registration *		Contract	: Non-Co	ntract	Short Loan		Long Loan		Work Experience		
* Delete not applicable.											
(PLEASE PRINT)		ırname									
	Fore	ename(s)				l					
Date of Birth [dd/mm/yyyy]					il Address						
Nationality & Place of Birth				Contact Telephone No.							
Place of Birth Telephone No. Is this player a goalkeeper? YES / NO											
F111.1											
FULL Current Postal Address		Town				Post C	ode				
Last Club											
Last Club											
Other Clubs This Seas	son										
Have you ever registered for a Club outside Englan		YES / NO		In signing this form, you are making a declaration that you are not currently registered under written contract with another Club, can you confirm this?				ES / NO			
				anot	her Club, ca	in you c	onfirm this?				
Has an International Clearance Certificate be granted allowing you t play in England*	en	YES /	NO								
Please list all Clubs & country played for outside of England?*	Clu	b(s)/Countr	-y								
		* You must inc	clude Clubs play	ring in No	orthern Ireland	, Scotland	& Wales				
Player's Signature				ı	Date						
I certify that the							ve provided on th lation 2016/679.	is forn	n being used		
Signature of Parer	nt					D	ate				
Name of Parent [please print]				Address of Parent [please print]							
NB: I confirm I was <u>present</u> when the player signed this form											
Signature of Club Off	icial					D	ate				
Address of Club Offi	cial										