

CENTRAL WARWICKSHIRE GIRLS AND WOMEN'S FOOTBALL LEAGUE SEASON 2017-2018

PLAYER REGISTRATION FORM

Full Name of Club: Season: 2017/2018

Age Group: Under.....

Status of Registration: Non-Contract * For One Season Only.*

Full Name of Player: Surname:

Forenames:

Players League Registration No.....

Date of Birth: Place of Birth:

Nationality:

Current Postal Address:

Post Code: House Phone number.....

Club Played for last season 16/17..... Under.....

Has/Will the player register with any other League Yes / No

Has the Player ever played or registered with a Club outside of England? Yes / No *

If 'Yes', has the player obtained International Clearance from The FA? Yes / No *

Player's Signature: Date:

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 Data Protection Act 1998

Signed in the presence of: Date:

Name and address of Witness:

Witness not to be that of the Club Official signature must be of an independent person.

Signature of Club Official: Date:

Name Address of Club Official:

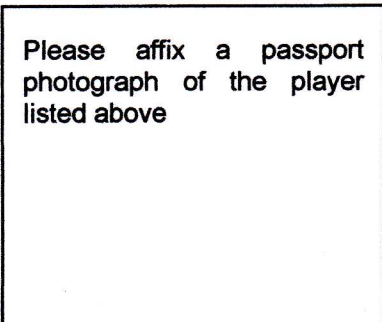
For under 18 Players: Parent / Guardian Consent to Doping Control (if applicable) / Medical Procedures

I, being the person having parental responsibility for the above player, give permission for my daughter/ward to be subject to The Football Association, UEFA and FIFA doping control procedures (if applicable), and to her receiving medication and any emergency medical, dental, or surgical treatment (including anesthesia or blood transfusion) as deemed necessary by the medical authorities present.

Parent/Guardian Name:

Parent/Guardian Signature: Date:

Contact Phone Number:.....



All players Must be entered and verified on Got Football with Photo and proof of age if required before you can play any football