



SAYWELL INTERNATIONAL (ARUN& CHICHESTER) YOUTH FOOTBALL LEAGUE 2021 / 22

APPLICATION FOR ARUN & CHICHESTER YOUTH LEAGUE MEMBERSHIP

to play for the Club and team detailed below. **PLEASE COMPLETE ALL SECTIONS**

New players only

**PLEASE
ATTACH
A
RECENT
PHOTO
HERE**

Club.....

FULL NAME OF PLAYER.....

Age Group (including team name, if appropriate) Under.....

Date of Birth/...../..... School Year as of September 2021

Please confirm the proof of identity as seen by the Club Registration Secretary by inserting the relevant number below

BIRTH CERTIFICATE NUMBER..... or PASSPORT NUMBER.....

Country of Birth Nationality

Has the above player ever registered and played for a team outside England (Under 11 – Under 18 only) YES* / NO (PLEASE INDICATE)

*If yes, please complete the details below. A current certificate of International Clearance will be required to support the application

Name of team..... Age Group Country.....

Is the above player dual signed for another team? YES* / NO *If yes, state which team.....

Any medical conditions or allergies

.....
Player's signature

FAN NUMBER

Contact Name in FULL..... (PLEASE PRINT CLEARLY)

Contact Tel No Parent's email

I agree for this information to be kept for League purposes until the end of the 2021/22 season, in compliance with the General Data Protection Regulation. (May 2018)

Falsification of this document may result in the player being banned from playing football in this League.



I certify that the above details are correct

.....
Parent's / Carer's / Guardian's signature

PRINT NAME..... **DATE**.....

I confirm that the above, named player will abide by the FA and League rules and I give consent for them to join this League and their details put on the Whole Game system.

CLUB REGISTRATION SECRETARY SIGNATURE.....

PRINT NAME

DATE.....