



SAYWELL INTERNATIONAL (ARUN & CHICHESTER) YOUTH FOOTBALL LEAGUE SEASON 2023/ 2024

APPLICATION FOR ARUN & CHICHESTER YOUTH LEAGUE MEMBERSHIP

PLEASE COMPLETE ALL SECTIONS and supply a copy of proof of ID

All signatures must be in ink. Electronic signatures are not acceptable.

IMPORTANT
PLEASE ATTACH A RECENT PHOTO HERE

CLUB NAME

Age Group UNDER Team name, if appropriate

FULL NAME OF PLAYER.....

Date of Birth/...../..... School Year as of September 2023.....

Known medical conditions or allergies.....

Please confirm that a proof of identity is supplied with this form and insert the relevant information below YES / NO

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

Country of Birth Nationality

Has the above player ever registered for a team outside England (This applies to 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.....

.....
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 only until the end of the 2023/24 season, when it will be destroyed, 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 confirm that the above details are correct, and the named player, their parents and supporters will abide by the FA and League rules, which includes the Code of Conduct.
I give my consent for the player to join this League and their details put on the Competition Portal.
..... Date.....
Parent / Guardian's signature

CLUB REGISTRATION SECRETARY SIGNATURE.....

PRINT NAME

DATE.....