



SOUTH WEST COMBINATION WOMEN'S · FOOTBALL · LEAGUE

PLAYER REGISTRATION FORM

Please complete this Form in FULL and BLOCK CAPITALS

Full Name of Club: Season:

Status of Registration: Contract / Non-Contract * (* denotes to indicate/delete as appropriate)

Full Name of Player: Surname:

Forenames:

Date of Birth: Place of Birth:

Nationality:

Current Postal Address:

Last Club(s):

Other Club(s) this Season:

Rank & Service No (HM Forces only):

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:

Player Name:

Player Signature: Date:

LEAGUE USE ONLY:

DATE OF REGISTRATION	REGISTRATION NUMBER
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