



SAYWELL INTERNATIONAL ARUN & CHICHESTER YOUTH FOOTBALL LEAGUE SEASON 2024/ 2025

APPLICATION FOR LEAGUE MEMBERSHIP

PLEASE COMPLETE ALL SECTIONS

All signatures must be in ink. Electronic signatures will not be accepted.

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

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 2024.....

Known medical conditions or allergies.....

Please confirm that the club Registration Secretary has verified the proof of Identity by inserting the relevant information below

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 signing for another team? YES* / NO * state which team and League.....

.....
Player's signature

FAN NUMBER

To be completed by the parent/guardian

I confirm that the above details are correct, and the named player will abide by the FA and League rules.

I give my consent for the player to join this League and their details put on the Competition Portal.

..... Date.....
Parent / Guardian's signature

PRINT NAME.....

Contact number..... Email.....

I agree for this information to be kept for League registration purposes only. It will be destroyed at the end of the above named player's League membership, in compliance with the General Data Protection Regulation. (May 2018)

CLUB REGISTRATION SECRETARY SIGNATURE.....

PRINT NAME

DATE.....