



SAYWELL INTERNATIONAL (ARUN & CHICHESTER) YOUTH FOOTBALL LEAGUE 2018-19



Club.....

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

Name of player.....

Date of Birth/...../.....

School

School Year 18/19

Home Address.....

.....

.....

Post code..... Parent's email.....

Club player was registered with last season if different from above.....

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

Has the player ever played for a club outside England? YES / NO If yes, please state in which country.....

Contact Name in FULL.....

Contact Telephone Number.....

I agree for this information to be kept for League purposes until the end of the 2018/19 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.



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CLUB REGISTRATON SECRETARY SIGNATURE.....

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