



**NATIONAL LEAGUE SYSTEM**  
**PLAYER'S REGISTRATION FORM**

**Season 2019 / 20**

**THE COMBINED COUNTIES FOOTBALL LEAGUE LTD**



Full Name of Club

**BLOCK CAPITALS ONLY PLEASE**

**Status of Registration \***

Contract

Non-Contract

Short Loan

Long Loan

Work Experience

*\* Delete not applicable.*

**Full Name of Player**

**Surname**

**Forename(s)**

**Date of Birth** (dd/mm/yyyy)

**Place of Birth**

**Nationality**

**Current Postal Address**

**Town**

**Post Code**

**Contact Details**

**Mobile Phone**

**Home Phone**

**Email Address**

**Emergency Contact - Name**

**Mobile Phone**

**Home Phone**

**Last Club**

**Other Clubs This Season**

**Is the player a Goalkeeper?** YES / NO

**Has the player ever played or registered with a Club outside England? \***

YES / NO

**If "Yes" has the player obtained an International Registration Transfer Certificate from The FA?**

YES / NO / NA

*\* This includes Clubs playing in Northern Ireland, Scotland & Wales.*

**Player's Signature**

*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 General Data Protection Regulation 2016/679.*

**Date**

**Signature of Witness**  
**If Player is U18 -**  
**Signature of Parent or**  
**guardian**

**Date**

**Name & Address of**  
**Witness** [please print]

**NB – I confirm I was present when the player signed this form (The above witness can be the same as the Club Official signing this form if they were present).**

**Signature of Club Official**  
[must be the Secretary, Chairman,  
Committee/Board member of Club]

**Date**

**Name & Address of Club**  
**Official** [please print]

Please Note: Original forms must be held by the club until 30th June at the conclusion of the current playing season. These forms must be produced if requested by the competition.

<b>Please indicate if this form was sent via E-mail or facsimile*</b>		<b>Yes / No</b>	
<b>If YES, state</b>	<b>Date</b>	<b>Time</b>	

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