



SOUTHERN COMBINATION FOOTBALL LEAGUE YOUTH REGISTRATION FORM 2023-24



Full Name of Club	
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Status of Registration *	Contract	Non-Contract	Short Loan	Long Loan	Work Experience
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* Delete not applicable.

Full Name of Player (PLEASE PRINT)	Surname				
	Forename(s)				
Date of Birth [dd/mm/yyyy]		Email Address			
Nationality & Place of Birth		Contact Telephone No.			
Is this player a goalkeeper?	YES / NO				
FULL Current Postal Address	Town			Post Code	
Last Club					
Other Clubs This Season					
Have you ever registered for a Club outside England*	YES / NO		In signing this form, you are making a declaration that you are not currently registered under written contract with another Club, can you confirm this?	YES / NO	
Has an International Clearance Certificate been granted allowing you to play in England*	YES / NO				
Please list all Clubs & country played for outside of England?*	Club(s)/Country				

* You must include Clubs playing in Northern Ireland, Scotland & Wales

Player's Signature	Date
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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.

Signature of Parent	Date
Name of Parent [please print]	Address of Parent [please print]

NB: I confirm I was **present** when the player signed this form

Signature of Club Official	Date
Address of Club Official	