Player Registration Season 2023/24





| Part A: Player Details | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------|--------|--|
| Player ID | | | | | |
| First Name(s) | | | | | |
| Surname | | | | | |
| Date of Birth | | | | | |
| Address | | | | | |
| | | | | | |
| | | | | | |
| Post Code | | | | | |
| Place of Birth | | | | | |
| E-Mail Address (Optional for Leagues & Associations) | | | | | |
| I agree to be bound by and subject to the Registration Procedures, the Judicial Panel Protocol ("JPP"), Articles of Association ("Articles") of the Scottish Football Association ("Scottish FA") and the Constitution and Cup Rules of the Scottish Amateur FA ("SAFA") including the SAFA Code of Conduct and Social Media Regulations. | | | | | |
| The Scottish Amateur FA may share the information on this form with third parties such as the Scottish FA, the Scottish Professional Football League, the Scottish Youth FA, UEFA and FIFA where that is necessary for us to meet both our regulatory functions and our objective of promoting, fostering and developing Association Football. | | | | | |
| *The primary purpose of this form is to register your details as a player on the Association's database, and with other recognised football bodies, to make you eligible to play football in Scotland. However, the information may be made available to user groups within the Association, who may wish to contact you about other services. Please cross the box below if you do not wish to be contacted. | | | | | |
| Opt Out | | | * | | |
| Player's Signature | | | Signing Date | | |
| Part B: Club Details | | | | | |
| Club | | | | | |
| Name of Club Representative / Witness | | | | | |
| Signature of Club Representative / Witness | | | | | |
| Address of Club Representative / Witness | | | | | |
| | | | | | |
| | | | | | |
| Date | | | | | |
| Please note by signing this form you are accepting responsibility for completition of the form and it's content on behalf of your club as well as confirming witness to the signature of the player detailed on this form. | | | | | |
| For Official Use Only | | | 1 | | |
| Signature of Registration Secretary | | | Date of Form Re | ceived | |