

# Player Registration

## 2018/19 Season



### Part A: Player Details

Player ID	SHOULD BE COMPLETED IF KNOWN
First Name(s)	PLAYERS NAME
Surname	PLAYERS NAME
Date of Birth	PLAYERS DATE OF BIRTH
Address	PLAYERS FULL ADDRESS INCLUDING ANY FAT NUMBER OR LETTER
Post Code	PLAYERS POST CODE
Place of Birth	PLAYERS PLACE OF BIRTH
E-Mail Address (Optional for Leagues & Associations)	N/A

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	<input type="checkbox"/>
Player's Signature	PLAYERS
Signing Date	DATE WHEN SIGNED

### Part B: Club Details

Club	FULL CLUB NAME
Name of Club Representative / Witness	
Signature of Club Representative / Witness	
Address of Club Representative / Witness	FULL ADDRESS INCLUDING POST CODE
Date	DATE WHEN SIGNED

Please note by signing this form you are accepting responsibility for completion of the form and its 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

Signature of Registration Secretary		Date of Form Received	
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THIS FORM MUST BE WITH REGISTRATION SECRETARY WITH IN 3 DAYS OF WHEN FORM WAS COMPLETE. AFTER THIS FORM WILL BE REJECTED.