



EAST SUSSEX FOOTBALL LEAGUE

SEASON: 2018 / 2019



This section to be completed by the player

I desire to be registered forFootball Club

FULL NAME OF PLAYER (MUST BE IN BLOCK CAPITALS).....

Players Address:

..... (Including postal town/village)

Postcode: Date of Birth:/...../.....

I confirm that I have not signed in this Competition for any other Club this season (Tick box to confirm)

Has the player played or registered with a club outside of England within the last 5 years? Yes / No (Delete not applicable)
If "Yes" has the player obtained International Clearance from The FA? Yes / No

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 GDPR 2018. I acknowledge that the details on this form will be forwarded to the Sussex County FA.

Player's Signature: Date:

This section to be completed by the witness

Signature of Witness: (Club Official)

Print Name of Witness: Date:

Note to Clubs: PLEASE READ

- a) If this form is not fully and correctly completed, in black or blue ink, it will be unprocessed and the club secretary notified.
- b) For a player to be eligible to play on a Saturday this form must be received by the Registration Secretary before 10.30pm on the previous Thursday.

This section to be completed by ESFL

Registration Date:

Reg. Sec. Signature:

Date sent to SCFA



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