



NATIONAL LEAGUE SYSTEM
PLAYER'S REGISTRATION FORM



SEASON 2018/2019	THE HALLMARK SECURITY LEAGUE
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Full Name of Club	
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Status of Registration * <small>* Select applicable</small>	Contract	Non-Contract	Short Loan	Long Loan	Work Experience
Full Name of Player <small>(PLEASE PRINT)</small>	Surname				
	Forename(s)				
Date of Birth <small>[dd/mmm/yyyy]</small>			Place of Birth		
Nationality			Contact Telephone No.		
Current Postal Address			Town	Post Code	
Player e-mail Address					
Club Last Registered For				Is this player a goalkeeper?	
Other Clubs Registered For This Season					
Have you ever registered for a Club outside England*			In signing this form you are making a declaration that you are not currently registered <u>under written contract</u> with another Club, can you confirm this?		
Has an International Clearance Certificate been granted allowing you to play in England*					
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	<u>I have read The Hallmark Security Football League Respect Code of Conduct, and I agree to fully support it.</u>	Date	
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EU General Data Protection Regulation Consent
I agree to the application being made and certify that the information provided is correct. I agree to be bound by the rules and regulations of The Football Association.
For the purposes of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) I acknowledge that The Football Association will be collecting, sharing and otherwise processing Personal Data which may include Special Categories of Personal Data (both as defined in the GDPR) about me including such data as set out in this form for the purpose of discharging its functions as a regulatory, administrative and governing body of football and otherwise in accordance with The Football Association's Participant Privacy Policy which is available on The FA's website at <http://www.thefa.com/public/privacy/participants>.

Please tick to confirm GDPR Approval

Signature of Witness		Date	
Name of Witness <small>[please print]</small>			

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

Signature of Club Official		Date	
Address of Club Official			

Complete form electronically, print, sign and scan and then email as an attachment to registrations@nwcf.com