

**ALLIED COUNTIES YOUTH FOOTBALL LEAGUE
PLAYER REGISTRATION FORM
2019-2020**

The details of the player should be completed in accordance with league rules

FULL NAME OF CLUB.....

FULL NAME OF PLAYER.....

DATE OF BIRTH (DD/MM/YYYY)/...../..... PLACE OF BIRTH.....

FAN NUMBER if known.....

NATIONALITY.....

CURRENT ADDRESS.....

TOWN.....POST CODE.....

EMERGENCY CONTACT NAME/NUMBER (FOR CLUB USE).....

PREVIOUS ACYL CLUB (if any).....

IS THE PLAYER A GOALKEEPER YES/NO

ON LINE/OFF LINE CONSENT TO REGISTRATION YES/NO

Has the player ever registered with a club outside England (incl Northern Ireland, Scotland and Wales)
YES/NO

If YES to the above has an International Registration Certificate been granted allowing the player to play in England
YES/NO

ANY SERIOUS MEDICAL CONDITION? (FOR CLUB USE) YES/NO If YES please give details below

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ACYL eligibility 2019-2020 – MUST be born ON or AFTER 01/09/2001 and BEFORE 01/09/2004

PLAYERS SIGNATURE		DATE	
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SIGNATURE OF CLUB OFFICIAL/WITNESS.....DATE.....

NAME & ADDRESS (PLEASE PRINT).....

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THIS REGISTRATION FORM TO BE RETAINED BY THE CLUB UNTIL PLAYERS REGISTRATION ENDS