**Player Registration Form 2019**

Please provide information for each individual playing member for the 2019 season.

Please add a new sheet for each individual team entered.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Players Name** | **DOB** | **Postcode** | **Disability/Impairment** | **Meets Eligibility Criteria** | **Photo Consent (Y/N)** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |

**Photos**

Any photos that are taken through the Cumberland Ability Counts League shall only be used through media outlets (Cumberland FA and partner media publications, The Cumberland and partner publications, Active Cumbria publications and local newspapers) to promote the development of the league and disability football. Names of players will **NOT** be published in relation to photos published.

**Please post completed player registration forms to the Cumberland FA by Monday 25th March 2019. All players must fit the eligibility criteria (See ‘Classification & Eligibility Guidance’) or via email to** [**ray.sempill@cumberlandfa.com**](mailto:ray.sempill@cumberlandfa.com)**.**

**Ray Sempill**

**Cumberland Football Association**

**Unit 3 & 4, Tithe House, Station Street, Cockermouth, Cumbria CA13 9QW**

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| --- | --- | --- | --- | --- |
|  |  | **Role** | **Signed** | **Approval Date** |
| **Approved by:** | **Cumberland FA** | **League** |  |  |
| **Club:** |  | **Chair/Secretary** |  |  |