

Durham County FA U17's Saturday League



PLAYER TRANSFER FORM

TO BE COMPLETED BY THE PLAYER:

I declare that I wish to **transfer** from *(Team Name)*

As I now wish to register for *(Team Name)*
as a player in the Durham County U17's Saturday League for the 2019/2020 season.

Player's Full Name:

(In block capitals)

Address:

.....

Postcode:

Date of Birth:

Player's Signature

TO BE COMPLETED BY THE TEAM/CLUB SECRETARY:

I declare that the above details are correct and that I have received permission from the Secretary/Manager of the team he is currently registered with to complete this transfer as a player for

(Team Name).....

Secretary's Signature Date

TO BE COMPLETED BY THE PLAYER'S LEGAL GUARDIAN:

I give my permission for

to be registered with the Durham County U17's Saturday League as a player for *(Team Name)*

.....
I agree to their photograph being displayed on <https://wholegame.thefa.com> and understand that only the Club they are registered with will be able to view their details online.

Emergency Contact Number

Parent/Guardian's Signature Date

League Privacy Notice:

Why we need your personal data: This is to register you for the above team within the league and to ensure you are eligible to play within the League. This form will be destroyed once your data has been entered on to the League administration system.

Who we share your personal data with: Your data will be entered onto the FA Whole Game System for administration purposes only.

How long we hold your personal data: We keep your personal data for as long as you are registered with the League.

PLEASE EMAIL REGISTRATION FORM, DIGITAL PHOTOGRAPH AND PROOF OF AGE TO: MARK.SMITH@DURHAMFA.COM