<u>Durham County FA U18's Saturday League</u> PLAYER TRANSFER FORM



TO BE COMPLETED BY THE PLAYER:

I declare that I wish to	transfer from (Team Name)
=	er for <i>(Team Name)</i> am County U18's Saturday Morning 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:
	re details are correct and that I have received permission from the Secretary/Manager of the team he i ith 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 fo	ır
to be registered with t	ne Durham County U18's Saturday Morning League as a player for (Team Name)
I agree to their photog	araph being displayed on https://wholegame.thefa.com and understand that only the Club they are able to view their details online.
Emergency Contact Nu	mber
Parent/Guardian's Sigr	nature 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.