FEE £35

Jersey Football Association

JerseyFA

£35

Registration after 31st December: £20

Player Registration F	orm – JFA	Combin	ation League
Play	yer Inform	ation	
Full Name:			Gender:
Address:			
Phone:	Emai	il•	
Phone:			
Medical Conditions:			
Date of Birth: DD/MM/YYYY FA	Number (F4	ANI) if know	vn:
	ub Informo		·····
Club Registering For:			
Was your most recent previous club outside of Jersey or England?	YES		
If yes, please provide details:			
Parental Information – 0	Only com	plete if pl	ayer is Under 18
This part of the form <u>must</u> be completed if the pl	ayer is unde	er 18 years	old.
Parent's Name:			Date of Birth:
Email:			Phone:
Address			
	<u>Cian alura</u>		
	Signature	:5	
I hereby agree to comply with the rules of the Je and ensure I adhere to the FA's RESPECT values of		all Associa	tion and the JFA Combination League
Signature:			Date:
Parent (only re I hereby give permission for my child to participo named above.			
Signature:			Date:
Data will be used for the administration of the Jersey will be processed in line with the JFA's Privacy P			