

Durham County FA U14's Saturday League



PLAYER REGISTRATION FORM

TO BE COMPLETED BY THE PLAYER:

I declare that I wish to be registered for *(Team Name)*
as a player in the Durham County U14's Saturday League for the 2017/2018 season.

Player's Full Name:

(In block capitals)

Address:

.....

Postcode:

Date of Birth:

Player's Signature

Digital Photograph to be
emailed to
Mark.Smith@DurhamFA.com

Eligibility for England Disability Talent Pathway

Do you consider yourself to have a disability? Yes ☐ No ☐

Hearing Impairment ☐ Visual Impairment ☐ Cerebral Palsy ☐ Amputee ☐

Disability Info Disclaimer

This information will be shared with the Durham County Football Association for monitoring purposes. **The information will allow Durham County FA to promote the Durham County Football Association's Disability Player Pathway to players who may be eligible to represent England.**

TO BE COMPLETED BY THE TEAM/CLUB SECRETARY:

I declare that the above details are correct and wish the above mentioned player to be registered with the

Durham County U14's Saturday League 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 U14'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

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