PLAYER REGISTRATION FORM SEASON 2023-2024 v1.2





Player Information	
Full Name:	FAN No.:
Address:	
Phone:	Email:
Medical Conditions:	
Date of Birth:	Place of Birth:
Nationality:	Maiden / Previous Name:
	se-up photo of your full head and upper shoulders (sending this to your Manager via st contain no other people or objects and be in clear contrast to the background.
	Club Information
Club Registering For:	
Have you ever played or regist	ered for a club outside of England? Yes No
If Yes, please provide details:	
Parental Information	
This part of the form MUST be completed if the player is under 18 years old	
Parent's Name:	Date of Birth:
Phone:	Email:
Address:	
	Signatures
	Player
I hereby agree to con	nply with the rules and RESPECT values of the FA and AALGFC at all times.
Signature:	Date:
I hereby give pe	Parent (only required if player U18) rmission for my child to participate with the FA and play for AALGFC.
Signature:	Date:
Data Varified & ID Checked By	(ID can be Decorate Digital Contiferate on Driving Linears)



Do you give permission for AALGFC to take photographs / videos of you for fundraising and publicity?

This may include (but is not limited to) printed and online publicity, social media, press releases and funding applications.

No

How did you find out about AALGFC?