



Joma®



Application to Register a New Player for the Current Season

Club: _____ FC

Full Name of Player _____

Date of Birth: dd/mm/yyyy _____

Address: _____

Postcode: _____

Email Address _____

Last Club played for in Kent County League _____

I confirm that I have discharged all reasonable financial liabilities to my previous Club or Clubs	Please tick as appropriate	
	Yes	No
I confirm that I have not signed a Registration Form for any other Club in this Competition in the current season nor am I holding a written contract with a Club not competing in this League	Please tick as appropriate	
	Yes	No

Have you ever played or registered with a club outside of England*	Please tick as appropriate		If "yes" have you obtained an International Registration Transfer Certificate from the FA?	Please tick as appropriate	
	Yes	No		Yes	No

An International Registration Transfer Certificate is required for any Player aged 10 and over crossing borders including Wales, Scotland and Ireland.

Players Signature: _____

Signature of Club Officer: _____ Date: _____

Club officials must not accept a player's signature without first ensuring this form is complete in every detail.

Position in Club of Officer signing form: _____

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Last minute registrations require the signature of an Official of the opposing team and name of Club.

Signature _____ Club _____

Print Name _____ Dated _____

To be completed by club official prior to forwarding to the Registration Secretary by email to kclregsec@hotmail.com

TEAM shirt No.	Started game	Non playing substitute	Played as substitute	Yellow/Red Card	Office use only	Goals scored in match		
						Total Goals Scored	Penalties in previous column	Own goal for opponents

Please indicate in which team player played	1 st team		Reserve Team	
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When sending this form by email RETAIN the original for inspection if requested by an appropriate League Official.

The information contained on this form will be held on League's database. If you do not wish for your details to be passed to approved sources, you should write to The League Secretary requesting your details are withheld. All players are protected under the Data Protection Act 1998.

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If the above named player is on the roll of a recognised School, the next section must also be completed.

Name of School _____

Address _____

Postcode _____ Telephone _____

I (Head teacher of the above named School) agree to the player named, who is on the roll of this School, registering as a player of the Football Club named.

Signed _____ Date _____

THIS FORM MUST BE COMPLETED IN FULL AND IN INK USING BLOCK CAPITALS WHERE APPROPRIATE IN LEGIBLE HANDWRITING AND FORWARDED TO THE REGISTRATION SECRETARY BY EMAIL TO kclregsec@hotmail.com

INCOMPLETE AND INELIGIBLE FORMS WILL BE RETURNED FOR COMPLETION AND THE PLAYER WILL NOT BE REGISTERED UNTIL THE FORM HAS BEEN COMPLETED CORRECTLY.