



Club Name _____ **Club Address** _____

SFA Club ID No. _____ **League** _____ **Amateur Football League**

FULL NAME	ADDRESS	PLAYER ID	DATE OF BIRTH	DATE SIGNED	SIGNATURE	***

Name of Club Representative _____ **Signature** _____ **Date** _____

Full Name of Witness _____ **Signature** _____ **Date** _____

Full Address of Witness _____

Important Note - A player signing this form is subject to the Rules and Regulations and Articles of Association of the Scottish Football Association and the Scottish Amateur FA in as so much as they are applicable. The Association's decision in any dispute shall be final and binding subject to ant relevant appeals or arbitration procedures available in terms and Articles and subject to the relevant appeals procedure within the Scottish Amateur FA rules, where applicable, having been exhausted.

**The primary purpose of this form is to register your details as a player on the Association's database, and with other recognised football bodies, to make you eligible to play football in Scotland. However, the information may be made available to user groups within the Association, who may wish to contact you about other services. Please cross the box if you do not wish to be contacted.

Date of Form Received _____
(official use only)

Signature of Registratiion Secretary _____
(official use only)

Date of Form Received _____
(official use only)

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(official use only)

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