



NATIONAL LEAGUE SYSTEM  
PLAYER'S REGISTRATION FORM



Season 2024-2025

THE COMBINED COUNTIES FOOTBALL LEAGUE LTD

Full Name of Club	
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BLOCK CAPITALS ONLY PLEASE

Status of Registration *	Contract	Non-Contract	Short Loan	Long Loan	Work Experience
* Delete not applicable.					
Full Name of Player	Surname				
	Forename(s)				
Date of Birth (dd/mm/yyyy)			Place of Birth		
Nationality					
Current Postal Address					
Contact Details	Town			Post Code	
	Mobile Phone			Home Phone	
Email Address					
Emergency Contact - Name		Mobile Phone		Home Phone	
Last Club					
Other Clubs This Season					
Is the player a Goalkeeper?	YES / NO				
Has the player ever played or registered with a Club outside England? *	YES / NO	If "Yes" has the player obtained an International Registration Transfer Certificate from The FA?		YES / NO / NA	

\* This includes Clubs playing in Northern Ireland, Scotland & Wales.

Player's Signature		Date	
	I certify that the above information is correct and I consent to the information that I have provided on this form being used by the League for any purposes under the General Data Protection Regulation 2016/679.		

Signature of Witness If Player is U18 – Signature of Parent or guardian		Date	
Name & Address of Witness [please print]	<b>NB – I confirm I was present when the player signed this form (The above witness can be the same as the Club Official signing this form if they were present).</b>		

Signature of Club Official [must be the Secretary, Chairman, Committee/Board member of Club]		Date	
Name & Address of Club Official [please print]			

Please indicate if this form was sent via E-mail or facsimile*		Yes / No	
If YES, state	Date	Time	

Please Note: Original forms must be held by the club until 30th June at the conclusion of the current playing season. These forms must be produced if requested by the competition.