



Wicklow & District Football League

Player Registration Form

Football Association of Ireland

Player Registration Form Season _____

Section A To be completed in **Block Capitals** by player and witnessed by club secretary

Club Name _____ **Club Secretary** _____

Player Name _____ **Date of Birth** _____

Player Status Non –Amateur Amateur

Address _____

Email Address _____ **Telephone** _____

Previous Club and League _____

I hereby consent to be registered as a player for _____ (not having signed for any other club).
To play in the Co Wicklow & District Football League _____ season.
Once signed I agree to abide by the rules of said league and the FAI.

Player Signature _____ **Date** _____

Club Secretary Signature _____ **Date** _____

Section B To be signed by parent / guardian if player signing this form is under 18 at the date of signing,
Giving authority to the player being registered with the League and/or club.

Parent / Guardian Name _____

Signature _____ **Date** _____

Section C To be completed by League on receipt if fully completed

Date Form Received _____ **Date Eligible to Play** _____

League Secretary / Registrar Signature _____

League Stamp & Date

Note all players must be registered in accordance with the current league,
Provincial and FAI rules