



SAYWELL INTERNATIONAL ARUN & CHICHESTER YOUTH FOOTBALL LEAGUE SEASON 2025/ 2026

APPLICATION FOR LEAGUE MEMBERSHIP

**PLEASE COMPLETE ALL SECTIONS**

All signatures must be in ink. Electronic signatures will not be accepted.

Falsification of this document may result in the player being banned from playing in this League.

**IMPORTANT**

PLEASE  
ATTACH  
A  
RECENT  
PHOTO  
HERE

CLUB NAME .....

Age Group UNDER ..... Team name, if appropriate .....

FULL NAME OF PLAYER.....

Date of Birth ...../...../..... School Year as of September 2025.....

Known medical conditions or allergies.....

Please confirm that the proof of Identity has been verified, by the club Registration Secretary, by inserting the relevant information below

BIRTH CERTIFICATE NUMBER..... or PASSPORT NUMBER.....

Country of Birth ..... Nationality .....

Is the above player dual signing for another team? YES\* / NO (PLEASE INDICATE) \* If yes, please complete below

Club/Team..... League.....

Has the above player ever registered for a team outside England (This applies to Under 11 – Under 18 only) YES\* / NO (PLEASE INDICATE)

\*If yes, a current certificate of International Clearance will be required to support the application

.....  
Player's signature

FAN NUMBER .....

**To be completed by the parent/guardian**

I confirm that the above details are correct, and the named player will abide by the FA and League rules.

I give my consent for the player to join this League and their details put on the Competition Portal.

..... Date.....  
Parent / Guardian's signature

**PRINT NAME**.....

Contact number..... Email.....

I agree for this information to be kept for League registration purposes only. It will be destroyed at the end of the above named player's League membership, in compliance with the General Data Protection Regulation. (May 2018)

CLUB REGISTRATION SECRETARY SIGNATURE.....

PRINT NAME .....

DATE.....