



Cornwall FA

Kernow House, 15 Callywith Gate, Launceston Road, Bodmin PL31 2RQ

Player Registration Form

Under 12 Girls County Cup

Please complete this form in **BLACK** ink and **BLOCK LETTERS**. Items marked with an asterisk* MUST be provided.

NAME OF CLUB*:

Surname*

First name*

Middle name

Address*

(must include
postcode*)

Home Tel

DOB*

Gender*

The player's details will be held on The FA's database

I wish to register the above named player in the U12 Girls County Cup and I confirm that s/he has not registered for any other Club in this Competition for the current season.

I *give/do not give* my consent for photographs within The FA guidelines to be used in publicity such as the Cornwall FA website or the local papers.* Please delete as appropriate

This form should be signed by the parent, guardian or carer of the named player

Signed.....

Date.....



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