



REGISTRATION No.	DATE REGISTERED	INITIALS
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**NATIONAL LEAGUE SYSTEM  
PLAYER'S REGISTRATION FORM**

Season **2008/9**

**Hampshire Premier Football League**

Full Name of Club \_\_\_\_\_

Status of Registration\*      Contract    Non-Contract    Short Loan    Long Loan    Work Experience

Late Registration\*              Yes / No

Full Name of Player    Surname \_\_\_\_\_

Forename(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Nationality ..... Mothers Maiden Name .....

Current Postal Address \_\_\_\_\_

Post code \_\_\_\_\_

Tele No \_\_\_\_\_ e-mail \_\_\_\_\_

Last Club /

Other Clubs this Season \_\_\_\_\_

**If last Club outside England, has International Transfer Certificate been obtained\*    Yes / No**

**Player's Signature** \_\_\_\_\_

Date \_\_\_\_\_

*/ 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 Data Protection Act 1998.*

**Signed in the presence of** \_\_\_\_\_ **Signature** \_\_\_\_\_

Address of Witness \_\_\_\_\_

*(Witness not to be that of Official signature, must be of an independent person)*

**Signature of Club Official** \_\_\_\_\_

**Address of Club Official** \_\_\_\_\_

*Please indicate if this form was sent via facsimile?\* YES / NO. If YES, state date and time* \_\_\_\_\_

**I understand and accept that football can involve injury and agree that neither the League nor any other Club shall be held responsible for any injuries sustained whilst playing for the club. I accept that it is my responsibility to have my own insurance to cover injury, sickness or ill health.**

**Player's Signature**.....`