



Cambridge  
Sporting  
Foundation

## CAMBRIDGES SPORTING FOUNDATION

### PLAYER REGISTRATION FORM

**Please complete all WHITE boxes on this form in ink and in CAPITAL letters**

-  
To be completed by player

CLUB NAME (WHICH)			
PLAYER'S FIRST NAME(S)			
PLAYER'S SURNAME(S)			
DATE OF BIRTH	/	/	EMAIL ADDRESS
PLAYER'S ADDRESS (including postcode)			
PREVIOUS CLUBS .			

PLAYING POSITION.	-		
PLAYER'S SIGNATURE			
DATE	/ /	MOBILE TEL NO:	

Under GDPR legislation, all applicants must make a simple declaration indicating their agreement that The c.s.f may hold information on them that is reasonably needed to administer their membership etc and that this information will not be shared with anyone outside c.s.f. This information will be deleted at the end of the forthcoming season. The c. may wish to communicate with you in an agreed form. How would you like to receive such information? Please note that without agreeing to this, we will not be able to process your registration.

		telephone		sms/tex		t		email
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To be completed by Club Official

Has the player ever played with a club before and what is prefer position?

YES /NO

If yes, please provide details :

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I certify and confirm that I have checked the above details and they are correct. I accept that I am responsible for the accuracy of the details on the player registration form. Where applicable, I have checked with the player's former club that the player has no injuries or problems. And that the player signed above is eligible to play. As Club Secretary, I confirm that the said player has read the code and the club will ensure, to the best of its ability, that the player abides by the code.

CLUB OFFICIAL'S NAME	
POSITION WITHIN CLUB	

CLUB OFFICIAL'S SIGNATURE

Date:

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