



2017 - 2018

Caithness Amateur Sevens Football Association

Please complete in Block Capitals

Player Registration form for: _____

Registration No: _____ Season: _____

Name of Player: _____ Date of Birth: _____

Postal Address Including Post Code: _____

I wish to join the Caithness amateur sevens football association and register as a playing member of the club detailed above. By joining CASFL, I agree to abide by the rules and regulations of CASFL and the governing body of Scottish football.

By joining CASFL I recognise that part or all matches I participate in may be videoed by personnel authorised by CASFL, I also give my consent to posting said video footage on the recognised CASFL web site or other agreed social media sites.

Players Signature: _____

Club Secretary: _____ Registration Date _____



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