



2018 - 2019

## 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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