



Caithness Amateur Sevens Football Association

Please complete in Block Capitals

Trialist Registration form for: _____

Registration No: _____ Season: _____

Name of Player: _____ Date of Birth: _____

Postal Address Including Post Code: _____

I agree to play as a Trialist for the club detailed above.

By signing this document I confirm that I am eligible to play as a trialist

Eligibility is defined as not being registered with another club at the time of the match. I have played less than 2 times as a trialist this season.

By playing in this match, I recognise that part or the entire match 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 site

Players Signature: _____

Club Secretary: _____ Match Date _____



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