



FORM R6 Registration of an Amateur Player
SOUTH BELFAST YOUTH FOOTBALL INVITATIONAL LEAGUE



TO: League Registration Secretary

1. Player's name in full (BLOCK LETTERS)	D.O.B.
	<input type="text"/>

2. Player's address (BLOCK LETTERS)	Postcode

3. Email address

4. Country of birth

5. Name of club for which you were last registered	Country

6. I hereby consent to be registered as an amateur player by the _____ Football Club
From _____ 20 _____ until _____ 20 _____

7. Player's signature	Date of signing
By signing this document I agree to abide by the Rules and Regulations Governing Registrations as laid down by the Irish Football Association.	

The undersigned signatories verify that the above information in sections 1 to 6 is correct.

8. Signature of accredited official	Name (BLOCK LETTERS)	Position

9. Signature of accredited official	Name (BLOCK LETTERS)	Position

10. (This section MUST be completed for all players under the age of 18 on the date of signing)
I hereby consent for my child to be registered with the above-named club

Signature of Parent / Guardian	Name (BLOCK LETTERS)	Date

The details provided on this form will be used and stored by the Club, League and the Irish Football Association. Data will be stored in compliance with the Data Protection Act 1998 and will not be shared with any other body or organisation without consent. Notwithstanding the above, information may be shared with anti-doping agencies and betting companies or any other disciplinary body solely for the investigation of disciplinary matters. Full details of the IFA CRM Portal Privacy Policy can be found at www.irishfa.com

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FOR OFFICE USE ONLY	
Player I.D. No.	
DATE RECEIVED	
PROCESSED BY	
RECEIVED BY	