



REGISTRATION No.	DATE/TIME REGISTERED	INITIALS Email/ Post/Hand
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Above three boxes for official use only



**EBAC NORTHERN LEAGUE – NATIONAL LEAGUE SYSTEM  
PLAYER’S REGISTRATION FORM**

**Season 2020/2021**

Full Name of Club \_\_\_\_\_

Status of Registration\*    Contract    Non-Contract    Short Loan    Long Loan    Youth Loan    Scholar/Work Experience

\*Delete not applicable

Full Name of Player - Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Contact Telephone No. \_\_\_\_\_ Is this player a goalkeeper? **YES or NO**

Current Postal Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_ Email: \_\_\_\_\_

Other Clubs registered to this Season: \_\_\_\_\_

Clubs registered to last Season: \_\_\_\_\_

Have you ever registered with a Club outside of England?\* **YES / NO**    Has an International Clearance Certificate been granted allowing you to play in England?\* **YES / NO**

Please list all Clubs & Country played for outside of England?\* Clubs \_\_\_\_\_ Country \_\_\_\_\_

\*You must include Clubs playing in Northern Ireland, Scotland & Wales

**In signing this form you are making a declaration that you are not currently registered under written contract with another Club, can you confirm this? YES / NO**

Player’s Signature \_\_\_\_\_ Date \_\_\_\_\_

*I certify that the above information is correct and I understand that the information that I have provided on this form being used by the League for specified purposes under Data Protection legislation.*

Signature of Witness \_\_\_\_\_ Name of Witness \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Address of Witness \_\_\_\_\_

*NB: I confirm I was present when the player signed this form (the above witness can be the same as the Club Official signing this form if they were present)*

Signature of Club Official \_\_\_\_\_ Date \_\_\_\_\_

***I certify that I have checked the eligibility of this player***

Address of Club Official \_\_\_\_\_

Please indicate if this form was sent via email? **YES / NO** If YES, state date and time \_\_\_\_\_



**EBAC NORTHERN LEAGUE – NATIONAL LEAGUE SYSTEM  
PLAYER’S REGISTRATION FORM**

REGISTRATION No. \_\_\_\_\_

Clubs must complete Section A before submitting the form

**Season 2020/2021**

**SECTION A**

Full Name of Club \_\_\_\_\_

Full Name of Player \_\_\_\_\_

**SECTION B (for League use only)**

Date Registered \_\_\_\_\_ Time Registered \_\_\_\_\_ Signed \_\_\_\_\_  
Non-Contract                      Email/Post/Hand                      (Registration Secretary)