

Please complete in BLACK ink only

Player Registration- Under 18 (on date of signing)

This form is to be used by all clubs in membership of the Scottish Welfare Football Association

Form Number: _	 WELFAM. * 700 TRAIL
Season:	 SELLOSS .

Association Nam	ne:	Club Name:					
Print Name	Print address		Post Code	Player ID No	Date of Birth	Place of Birth	
X Players Signature							
** Parent/Guardian – Full N	ame- Signature and contact number-						
Print Name	Print Address		Post Code	Player ID No	Date of Birth	Place of Birth	
X Players Signature	I						
** Parent/Guardian – Full N	ame- Signature and contact number-						
Print Name	Print Address		Post Code	Player ID No	Date of Birth	Place of Birth	
X Players Signature	I						
** Parent/Guardian – Full N	ame -Signature and contact number-			1			
Print Name	Print Address		Post Code	Player ID No	Date of Birth	Place of Birth	
X Players Signature							
** Parent/Guardian -Full Na	ime-Signature and contact number-						
Print Name	Print Address		Post Code	Player ID No	Date of Birth	Place of Birth	
X Players Signature							
	nme-Signature and contact number-			l			
The Scottish Football Associat Association's decision in any of	ubject to the rules and regulations laid down in the Registration Proction and the Scottish Welfare Football Association in so much as they dispute shall be final and binding subject to any relevant appeals or a es and subject to the relevant appeals procedures within the SWFA re	are applicable. The rbitration procedures		-	gister your details as a player ball bodies, to make you elig		
Full Name of Witnes	ss:	Signature:			Signing Date:		
Full Name of Club S	ecretary:	Signature:			Signing Date:		