



PLAYER REGISTRATION FORM

Division applied for: _____

Please note that this form must be accompanied by the following:

- CERTIFIED copy of the player's identity document (which must depict the player's photo and ID number)
- Passport sized COLOUR photograph with WHITE BACKGROUND
- Where applicable and in the absence of a copy of the South African Identity document, a copy of the player's passport (which must depict the player's photo and passport number)
- Where applicable, a duly authorised transfer/clearance certificate accompanied by the player's ID card
- A valid and duly completed Player Medical Form, completed by an authorised medical practitioner

Player's Name _____ Surname _____

Residential address _____

Email address _____ Mobile phone _____

Place of birth _____ MYSAFA ID no. _____

National ID no. _____ Nationality _____

Club for whom the player last played _____

Note: A clearance certificate is required if the player last played for a club other than the club mentioned on this form.

I hereby confirm my desire to be registered as a player with _____ *Football Club*

for the season _____

By signing this Registration Form, the player, or parent or guardian if the player is under the age of 18 years old, confirms that they have read and are fully acquainted with the ELFA/SAFA constitution, and the rules and regulations of the South African Football Association (SAFA), and certifies that all information provided here is true and correct and acknowledges that any incorrect and/or false answer(s) will render their registration null and void at the sole option and discretion of ELFA/SAFA. The player, parent or guardian hereby indemnifies ELFA/SAFA and Inqaku FC Pty Ltd, their officers, employees, and agents against all liability and any claim, right or cause of action however arising, whether or not presently ascertained or arising from damage to property, personal injury, loss of life or loss of any description whatsoever and howsoever caused whether direct, consequential or foreseeable and whether caused by accident or any negligent or wilful act or omission, breach of contract or otherwise in connection with this Registration. By signing this Registration Form the player, parent or guardian hereby consents to have their personal information electronically stored, verified with the Department of Home Affairs and FIFA, and shared with Inqaku FC (Pty) Ltd's insurance partners, and accepts to receive marketing & promotional offers from such insurance partners, all with the purpose of administering football, improving efficiency and transparency of the sport, and providing services to the player or other related or unrelated parties. ELFA/SAFA and Inqaku FC Pty Ltd will undertake to keep all personal information confidential and not to disclose it to anyone, save to the extent outlined above and to ensure that all confidential information is protected with appropriate security measures.

Signed by player/parent _____ In the presence of _____

holding the position of _____ (club position) on (date) _____

I have registered as a player with _____ *Football Club*

and confirm that the information given above is true and correct.

Additional club signatory _____ date _____

FOR OFFICE USE ONLY

I _____ confirm that I have this day registered _____

as a member of _____ FC for the _____ season,
as approved by the ELDORADO LOCAL FOOTBALL ASSOCIATION.

Signature _____ date _____