FORM R6 Registration of an Amateur Player Lisburn Junior Invitational League





To: League Registration Secretary

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Player's name in full (BLOCK LETTER	(S)	D.O.B.		
2. Player's address (BLOCK LETTERS)			Postcode	
3. Email address				
4. Country of birth				
5. Name of club for which you were last r	egistered	Country		
I hereby consent to be registered as an From			Football Club	,
7. Player's signature By signing this document I agree to abide by	the Rules and Regulations Gover	Date of signing	n by the Irish Football As	sociation.
The undersigned signatories verify that the a		o 6 is correct.	Position	
9. Signature of witness	Name (BLOC	CK 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 (BLOC	CK 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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RECEIVED BY	DATE RECEIVED	PROCESSED BY	DAT	E