



# THE FOOTBALL ASSOCIATION OF WALES Ltd

## ACADEMY CANCELLATION FORM (JA2)



### SECTION A – PLAYER’S DETAILS

This section **MUST** be completed **IN FULL** in **BLOCK CAPITALS ONLY**:

Given Forename(s):-	Surname:-
Name of Academy:-	Date of Birth:-
Age Group (Please Circle):-	
<b>U10          U11          U12          U13          U14          U15          U16</b>	

Reason for cancellation (Please tick):-

<b>Mutual Cancellation</b>	<b>Breach of Code of Conduct</b>	<b>Player wishes to leave</b>	<b>Academy Release</b>	<b>Injury</b>	<b>Player no longer attends the Academy</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (Please State):- .....

### SECTION B – PARENT/GUARDIAN DETAILS & SIGNATURES

This section **MUST** be completed **IN FULL** in **BLOCK CAPITALS ONLY**:

Parent/Guardian Full Name:-	
<i>I, the undersigned (Parent/Guardian), hereby consent to this information being stored by the FAW for strictly administrative purposes and in accordance with the Data Protection Act 1998.</i>	
<i>Furthermore, I, the undersigned (Parent/Guardian), hereby desire the cancellation of the above player’s registration as an Academy Player for the above named Academy as and from the date of the Player’s Signature detailed below.</i>	
Parent/Guardian Signature:-	Player’s Signature:-
Date of Parent/Guardian Signature:-	Date of Player’s Signature:-

### SECTION C – CLUB DETAILS

This section **MUST** be complete **IN FULL** by the Club Secretary in **BLOCK CAPITALS ONLY**:

*On behalf of the above named Academy I agree to the cancellation of the above named Academy Players registration as and from the date of Player’s Signature as detailed above.*

*If the player no longer attends the Academy I can confirm that I have made all reasonable attempts to contact the player and the player’s parent/guardian for signature.*

*I confirm that all protocols with regard to Academy Regulations have been observed by the Academy.*

*I understand that this form must be returned to The Football Association of Wales immediately following its completion to:*

**Registrations Department**  
**11-12 Neptune Court**  
**Vanguard Way**  
**Cardiff**  
**CF24 5PJ**

*Or Alternatively please scan and email this cancellation form to [registrations@faw.co.uk](mailto:registrations@faw.co.uk) for processing.*

Secretary’s Name:-	Current Postal Address:-
	Post Code:-
Secretary’s E-mail Address:-	Secretary’s Signature:-
	Date of Secretary’s Signature:-

On receipt of this completed form, the FAW will process the cancellation and the player will be eligible to attend another Academy subject to FAW Rules & Regulations