



THE FOOTBALL ASSOCIATION OF WALES Ltd

2018 – 2019 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):-	
U10 U11 U12 U13 U14 U15 U16	

Reason for cancellation (Please tick):-

Mutual Cancellation	Breach of Code of Conduct	Player wishes to leave	Academy Release	Injury	Player no longer attends the Academy
<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 the 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 a signature.

I can confirm that all protocols regarding 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 for processing.

Academy Administrators Name:-	Current Postal Address:-
	Post Code:-
Please provide an active Email Address:-	Recognised Signatory (Secretary or Equivalent / Chairman or Equivalent):-
	Date:-

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