



# THE FOOTBALL ASSOCIATION OF WALES Ltd

## ACADEMY REGISTRATION FORM (JA1)



### SECTION A – PLAYER’S DETAILS

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

Given Forename(s):-		Surname:-	
Name of previous <b>ACADEMY/JUNIOR CLUB &amp; COUNTRY</b> for which you were registered ( <b>Excluding Trials</b> ):-		Date of Birth:-	Nationality:-
<p>International Clearance is required for any Player previously registered outside of Wales, in order to request ITC please tick the box.          Welsh Premier League Academies must request International Clearance via a FIFA Minor Application, for more information please contact <a href="mailto:registrations@faw.co.uk">registrations@faw.co.uk</a></p>			
Current Postal Address:-		Place of birth (Town & Country):-	
Post Code:-			
Name of Current Junior Club:-	Name of School attending:-	Years of Continuous Education in Wales:-	

*The FAW is committed to safeguarding the privacy of your personal information. All the personal information supplied on this form will be held in accordance with the Data Protection Act 1998. The purposes for which your personal information will be held are detailed in the FAW CRM Portal Privacy Policy which can be obtained from your Club Secretary, or via [www.faw.org.uk](http://www.faw.org.uk), or by request made to the FAW on (02920) 435830. By signing this form you confirm:-*

1. You are the parent / guardian of the above named child.
2. You have read and understand the FAW CRM Portal Privacy Policy.
3. You consent to your child's personal information being held on and being shared in accordance with the CRM Portal Privacy Policy

**I hereby consent for my child to be registered as an Academy player for the club detailed below.**

Name of Academy:-	Age Group (Please Circle):-
	<input type="radio"/> U10 <input type="radio"/> U11 <input type="radio"/> U12 <input type="radio"/> U13 <input type="radio"/> U14 <input type="radio"/> U15 <input type="radio"/> U16

### SECTION B – PARENT/GUARDIAN DETAILS

This section **MUST** be completed **IN FULL** by the Player's Parent/Guardian in **BLOCK CAPITALS ONLY**:

Fathers Full Name:-		Mothers Full Name:-	
Fathers Place of Birth:-		Mothers Place of Birth:-	
Grandfathers Place of Birth (Father's Side):-		Grandfathers Place of Birth (Mother's Side):-	
Grandfathers Place of Birth (Mother's Side):-		Grandmothers Place of Birth (Mother's Side):-	
Signature of Players Parent/Guardian:-		Signature of Player:-	
Date of Signature:-		Date of Signature:-	

### SECTION C – ACADEMY DETAILS

This section **MUST** be completed **IN FULL** by the Academy Director in **BLOCK CAPITALS ONLY**:

Academy Director Name:-	Current Postal Address:-
	Post Code:-
Please provide an active Email address when requesting ITCs:-	Academy Director's Signature:-
	Date of Signature:-

**THE ACADEMY DIRECTOR MUST ENSURE THIS REGISTRATION FORM ONLY IS SENT TO THE FAW FOR PROCESSING**

**PLEASE NOTE:-**

- All registrations must be completed in accordance with Section H of the FAW Rules.
- All registrations must be completed in accordance with FAW Academy Regulations.
- For more information please visit [www.faw.org.uk](http://www.faw.org.uk)



# THE FOOTBALL ASSOCIATION OF WALES Ltd

## PLAYER INFORMATION FORM (CLUB USE ONLY)



Please note the Player Information Form is for club use only and does not need to be submitted to the FAW as part of the player's registration.  
Furthermore, please note that the completion or non-completion of the Player Information Form has no impact on the player's registration.

### SECTION 1- PLAYER DETAILS

This section may be completed by the Player's Parent/Guardian in **BLOCK CAPITALS ONLY**:

Player's Full Name:-	Player's Date of Birth:-	Player's Age Group:-
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### SECTION 2- MEDICAL DETAILS

This section may be completed by the Player's Parent/Guardian in **BLOCK CAPITALS ONLY**:

Player's Medical Information & Injury History:-

  
  
  
  
  
  
  
  
  
  

Name & Address of Player's Doctor:-

  
  
  
  
  
  
  
  
  
  

### SECTION 3 – EMERGENCY CONTACTS

This section may be completed by the Player's Parent/Guardian in **BLOCK CAPITALS ONLY**:

Father's Full Name:-	Mothers Full Name:-
Father's Daytime Contact Number:-	Mothers Daytime Contact Number:-
Father's Evening Contact Number:-	Mothers Evening Contact Number:-
Father's Email Address:-	Mothers Email Address:-

### SECTION 4 – PLAYING INFORMATION

This section may be completed by the Player's Parent/Guardian in **BLOCK CAPITALS ONLY**:

Player's First Preferred Playing Position:-	Player's Second Preferred Playing Position:-
Player's Least Preferred Playing Position:-	Player's Playing Strengths:-
	Player's Playing Weaknesses:-