

ALDERSHOT & DISTRICT FOOTBALL LEAGUE

EMERGENCY/TEMPORARY PLAYER REGISTRATION FORM (v3-2026-27)

Valid ONLY for the **LEAGUE MATCH** ON THE DATE AS SHOWN BELOW

| Please use BLOCK CAPITALS | |
|---|--------------------------------------|
| Club | |
| Player's Full Name | |
| Date of Birth | Nationality |
| FAN Number | |
| Full Home Address & Post Code | |
| Mobile Phone Number | |
| Email Address | |
| Declarations <ol style="list-style-type: none">1. I declare that I am not a registered player for any other team or Club registered with the Aldershot & District Football League and wish to be registered as a playing member of the above-named League Club.2. In making my application for registration, I consent to my personal information being held on a League computer, or the FA Whole Game System, or FA Full Time System.3. I understand and accept that football can involve injury and agree that neither the League nor any Club shall be liable or responsible for any injury sustained whilst I am playing football.4. I also accept that should this Club withdraw from the League owing any monies to this League and these monies are not paid by the Club, I shall be responsible for a pro-rata amount of the Club debt, plus an administration fee.5. Listed below are names of all the Clubs (including Sunday), for which I have played, during last Season. _____ | |
| Player Signature | Date |
| Name & Signature of Club Official | |
| League Match Details | Date Opposition |
| I/We understand that this form is a temporary registration for the match/date shown above. The registration MUST be made permanent by registering the player via the FA Club Portal system within 2 days of the fixture. | |

| Verified by Opposition Team Manager | |
|-------------------------------------|--|
| ADFL Club Name | |
| Verified by (Print Name) | |
| Signature | |